



# **NORTHERN IRELAND HEALTH AND SOCIAL WELLBEING SURVEY 1997 USER GUIDE**

**Northern Ireland Health and Social Wellbeing Survey  
1997 – Questionnaire**

<b>CASEID</b>	CASE NUMBER PLUS HOUSEHOLD NUMBER
<b>PERSN</b>	PERSON NUMBER
<b>SEX</b>	SEX OF PERSON
	1.00 Male
	2.00 Female
	-1.00 Dont Know
	-3.00 Refused
	-1.66000+308 Question not asked
<b>AGE</b>	What was respondent's age last birthday?
<b>AGEDOB</b>	(under 20) -check respondent's date of birth
<b>MST</b>	Marital status...running prompt
	1.00 Single, that is never married
	2.00 Married and living with husband\wife
	3.00 Married and separated from husband\wife
	4.00 Divorced
	5.00 or Widowed
	-1.00 Dont Know
	-3.00 Refused
	-1.66000+308 Question not asked
<b>COHAB</b>	living with someone in household as couple
	1.00 Yes - opposite sex partner
	2.00 No
	3.00 Yes - same sex partner
	-1.00 Dont Know
	-3.00 Refused
	-1.66000+308 Question not asked
<b>EDUC</b>	IS PERSON IN FULL-TIME EDUCATION?
	1.00 Yes
	2.00 No
	-1.00 Dont Know
	-3.00 Refused
	-1.66000+308 Question not asked

**RELHOH**      RELATION OF PERSON TO HOH

1.00	Head of Household
2.00	Partner\Spouse\Cohabitee
3.00	Son\daughter (inc step\adopted)
4.00	Foster child
5.00	Son\daughter-in-law
6.00	Parent (inc step\adopted)
7.00	Foster parent
8.00	Parent-in-law
9.00	Brother\sister
10.00	Foster brother\sister
11.00	Brother\sister-in-law
12.00	Grandchild
13.00	Grandparent
14.00	Other relative
15.00	Other non-relative
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**FAMU**      FAMILY UNIT OF PERSON

**POSU**      POSITION OF PERSON IN FAMILY UNIT

1.00	Head of Family Unit
2.00	Spouse
3.00	Dependants
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**INDOUT**      ENTER RESPONSE CODE FOR THIS PERSON

1.00	Full Personal response
2.00	Proxy response
3.00	Incomplete information
4.00	Outright refusal
5.00	Refusal after promise to co-operate
6.00	Non Contact
7.00	This person is no longer resident
8.00	NOT YET INTERVIEWED
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**NONCOP** REASONS FOR INDIVIDUAL NON CO-OPERATION

1.00	Doesn t believe in surveys
2.00	Anti-Government
3.00	Can t be bothered
4.00	Too old
5.00	Previous bad experience
6.00	Sick
7.00	Disliked survey manner
8.00	Genuinely too busy
9.00	Put off by recordkeeping
10.00	Ran out of field time
11.00	Not interested
12.00	Circumstances unsuitable
13.00	Too much time involved
14.00	Avoided interview
15.00	Working
16.00	Other reason

**PARENT** ENTER NUM OF ADULT RESPONSIBLE FOR respondent

**GRPARENT** ENTER NUM OF ADULT -GRANDPARENT OF respondent

**RESPAD** ENTER NUM OF ADULT RESPONSIBLE FOR respondent

**FOSTER** IS respondent A FOSTER CHILD?

1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**NUMADULT** NUMBER OF ADULTS IN HOUSEHOLD

**NUMCHILD** NUMBER OF CHILDREN IN HOUSEHOLD

**BOARD** AREA BOARD

1.00	Northern Board
2.00	Southern Board
3.00	Eastern Board
4.00	Western Board
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**PERSCHK** Interviewer code level of individual cooperation

1.00	Now
2.00	Later
3.00	No longer resident
4.00	Take proxy as last resort
5.00	REFUSAL OR FINAL NON-CONTACT for this person
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

TENURE	TYPE OF TENURE	
	1.00	Owned outright
	2.00	Being bought with mortgage\loan
	3.00	Co-ownership
	4.00	Rented from NI Housing Executive
	5.00	Rented from the Housing Association
	6.00	Rented privately
	7.00	Rented from employer
	8.00	Rent free
	9.00	Squatting
	10.00	Other
	-1.00	Dont Know
	-3.00	Refused
	-1.66000+308	Question not asked

FURNISH	RENTED FURNISHED OR UNFURNISHED?	
	1.00	Furnished
	2.00	Partly furnished
	3.00	Unfurnished
	-1.00	Dont Know
	-3.00	Refused
	-1.66000+308	Question not asked

SHELTER	SHELTERED ACCOMMODATION?	
	1.00	Yes
	2.00	No
	-1.00	Dont Know
	-3.00	Refused
	-1.66000+308	Question not asked

BEDRMS	NUMBER OF BEDROOMS	
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CHEAT	ANY KIND OF CENTRAL HEATING?	
	1.00	No central heating
	2.00	Yes, full central heating
	3.00	Yes, partial central heating
	-1.00	Dont Know
	-3.00	Refused
	-1.66000+308	Question not asked

TELEPHONE	HAVE A TELEPHONE?	
	1.00	Yes
	2.00	No
	-1.00	Dont Know
	-3.00	Refused
	-1.66000+308	Question not asked

CAR	CAR OR VAN AVAILABLE?	
	1.00	Yes
	2.00	No
	-1.00	Dont Know
	-3.00	Refused
	-1.66000+308	Question not asked

<b>NUMCAR</b>	NUMBER OF CARS\VANS	
	1.00	One
	2.00	Two
	3.00	Three or more
	-1.00	Dont Know
	-3.00	Refused
-1.66000+308		Question not asked

## GENERAL HEALTH SECTION

- CENSUS** Over the last 12 months would you say your health has, on the whole, been ... Census 2001:  
(Good,  
fair Fairly good,  
notg Not good);
- LStand** Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.
- Matter** Would you mind telling me what this illness or infirmity is?
- Limit0** Does this illness or disability limit your activities in any way?
- Acute** Now I'd like you to think about the two weeks ending yesterday. During those two weeks, did you have to cut down on any of the things you usually do (about the house or at work or in your free time) because of some long-standing illness or some other illness or injury?
- PREG** We are asking slightly different questions for pregnant women so, may I just check, are you pregnant?:



## HEALTH AND ILL-HEALTH SECTION

**BLOOD** You have told me about your general health; Now I'd like to ask you about some particular conditions. First, have you ever been told by a doctor or a nurse that you had high blood pressure?:

**PREGNANT** May I just check, were you pregnant when you were told that you had high blood pressure?:

**HIGHBLOD** Have you ever had high blood pressure APART from when you were pregnant?:

**PILLS** Are you currently taking any medicines, tablets or pills for high blood pressure?:

**STILHIGH** Do you still have high blood pressure?:

**EVERTAKE** Have you EVER taken medicines, tablets or pills for high blood pressure in the past?:

**WHYSTOP** Why did you stop taking medicines, tablets or pills for high blood pressure?:  
(Doctor advised to stop because of improvement,  
Just decided to stop,  
other);

**OTHERRSN** What other reason(s) do you have for not taking medicines, tablets or pills for high blood pressure?: STRING [50];

**ANYOTHER** Have you had any other kind of treatment or advice because of your high blood pressure?:

**ADVT 1-5** What other treatment or advice have you had?: SET [5] OF  
(diet,  
exercise,  
smoking,  
drinking,  
oth other);

**OTHERAD** What other kind of treatment or advice have you had?:  
STRING [50];

**DOCT 1-9** Have you ever been told by a doctor that you had any of the conditions on this card?  
  
(ANGINA,  
attack HEART ATTACK,  
murmur HEART MURMUR,  
trouble OTHER KIND OF HEART TROUBLE,  
STROKE,  
diab1 DIABETES (DURING PREGNANCY),  
diab2 DIABETES (NOT DURING PREGNANCY),  
ASTHMA);

**PASTANG** Have you had angina during the past 12 months?:

**PASTATAK** Have you had a heart attack during the past 12 months?:

**PASTMURM** Have you had a heart murmur during the past 12 months?:

<b>PASTROKE</b>	Have you had a stroke during the past 12 months?:
<b>PASTASMA</b>	Have you had asthma during the past 12 months?:
<b>OTHTROUB</b>	What kind of heart trouble was that?:
<b>PASTTROB</b>	Have you had that kind of heart trouble during the past 12 months?:
<b>NOTPREG</b>	May I just check, have you ever been told that you had diabetes apart from when you were pregnant?:
<b>BACKPAIN</b>	Have you ever consulted a doctor about back pain?:
<b>PASTPAIN</b>	Have you had back pain during the past 12 months?:
<b>ALLCC</b>	RECURRENT TROUBLE IN ANY OF YOUR JOINTS?
	1.00 Yes
	2.00 No
	8.00 Refused
	9.00 Dont Know
-1.66000+308	Question not asked
<b>WHT</b>	Total No. of problems
<b>WH1</b>	Neck
	.00 Not mentioned
	1.00 Mentioned
<b>WH2</b>	Back
	.00 Not mentioned
	1.00 Mentioned
<b>WH3</b>	Left shoulder
	.00 Not mentioned
	1.00 Mentioned
<b>WH4</b>	Right shoulder
	.00 Not mentioned
	1.00 Mentioned
<b>WH5</b>	Left elbow
	.00 Not mentioned
	1.00 Mentioned
<b>WH6</b>	Right elbow
	.00 Not mentioned
	1.00 Mentioned
<b>WH7</b>	Left wrist
	.00 Not mentioned
	1.00 Mentioned

<b>WH8</b>	Right wrist		
		.00	Not mentioned
		1.00	Mentioned
<b>WH9</b>	Left hand,fingers		
		.00	Not mentioned
		1.00	Mentioned
<b>WH10</b>	Right hand,fingers		
		.00	Not mentioned
		1.00	Mentioned
<b>WH11</b>	Left hip		
		.00	Not mentioned
		1.00	Mentioned
<b>WH12</b>	Right hip		
		.00	Not mentioned
		1.00	Mentioned
<b>WH13</b>	left Knee		
		.00	Not mentioned
		1.00	Mentioned
<b>WH14</b>	Right knee		
		.00	Not mentioned
		1.00	Mentioned
<b>WH15</b>	Left ankle		
		.00	Not mentioned
		1.00	Mentioned
<b>WH16</b>	Right ankle		
		.00	Not mentioned
		1.00	Mentioned
<b>WH17</b>	Left foot,toes		
		.00	Not mentioned
		1.00	Mentioned
<b>WH18</b>	Right foot,toes		
		.00	Not mentioned
		1.00	Mentioned
<b>DOEST</b>	Any of these problems?		
		.00	Dont know,refused

<b>DOES1</b>	Limits walking,climbing of stairs	
	.00	Not mentioned
	1.00	Mentioned
<b>DOES2</b>	Interferes with sleeping	
	.00	Not mentioned
	1.00	Mentioned
<b>DOES3</b>	Difficult to grip,hold	
	.00	Not mentioned
	1.00	Mentioned
<b>DOES4</b>	Difficult to reach up	
	.00	Not mentioned
	1.00	Mentioned
<b>DOES5</b>	None of these	
	.00	Not mentioned
	1.00	Mentioned
<b>HEIGHT</b>	IN RELATION TO YOUR HEIGHT, DO YOU ...	
	1.00	WEIGH A LITTLE MORE THAN YOU SHOULD
	2.00	WEIGH A LOT MORE THAN YOU SHOULD
	3.00	WEIGH A LITTLE LESS THAN YOU SHOULD
	4.00	WEIGH A LOT LESS THAN YOU SHOULD
	5.00	WEIGH JUST ABOUT THE RIGHT AMOUNT
	8.00	Refused
	9.00	Dont Know
	-1.66000+308	Question not asked
<b>DISAB</b>	ANY TYPE OF DISABILITY	
<b>DISABIL1</b>	Walk 200 yards	
	.00	Not mentioned
	1.00	Mentioned
<b>DISABIL2</b>	Walk up 12 steps	
	.00	Not mentioned
	1.00	Mentioned
<b>DISABIL3</b>	Get in and out of bed	
	.00	Not mentioned
	1.00	Mentioned
<b>DISABIL4</b>	Get in and out of chair	
	.00	Not mentioned
	1.00	Mentioned
<b>DISABIL5</b>	Bend down	
	.00	Not mentioned
	1.00	Mentioned

<b>DISABIL6</b>	Get to and use toilet		
		.00	Not mentioned
		1.00	Mentioned

<b>DISABIL7</b>	None of these		
		.00	Not mentioned
		1.00	Mentioned

## DISABILITY SECTION

**FURTHEST** What is the furthest you can walk on your own without stopping or discomfort (with walking aid if normally used):  
(fewstep Only a few steps,  
morestep More than a few steps but not 200 yards,  
notwalk Cannot walk at all?);

**WALKSTIC** May I just check, do you use a walking stick or any other walking aid most of the time when walking?:

**WALKAID** Can you walk 200 yards or more on your own without Stopping or discomfort without the walking stick or aid?:

**STAIRS** Can you walk up and down a flight of 12 steps if you hold on and take rests?:

**BEDHELP** Can you get in and out of bed on your own with some difficulty or can you only get in and out of bed with someone to help you? (NOTE IF CONFINED TO BED)

**CHARHELP** Can you get in and out of a chair on your own with some difficulty or can you only get in and out of a chair with someone to help you?(NOTE IF CHAIRBOUND):

**TOILHELP** Can you get to and use the toilet on your own with some difficulty or can you only get to and use the toilet with someone to help you?:

**CONDIT** You have told me you cannot..  
What health condition has caused this these difficulty(ies)?  
(PROBE FOR FULL DETAILS INCLUDING: Was it caused by anything else?  
What does the doctor call this condition? What does the doctor say causes this difficulty?  
(NOTE IF MORE THAN ONE HEALTH CONDITION):

**ABIL 1-8** SHOW CARD 6 - CODE ALL THAT APPLY  
What about the things on this card; do any of them apply to you?  
  
(NONE OF THESE - CODE 8):

(tv Cannot follow a TV programme at a volume other people find acceptable (wearing a hearing aid if normally worn but not using teletext),  
see- Cannot see well enough to recognise a friend across the road (or four yards away)  
(with glasses or contact lenses if normally worn),  
speak Cannot speak without difficulty,  
dress Cannot dress and undress without difficulty,  
wash Cannot wash hands and face without difficulty,  
feed Cannot feed, including cutting up food,without difficulty,  
commun Have difficultycommunicating with other people,that is, have difficulty understanding them or being understood by them,  
none1 None of these apply);

**PROG1** Can you follow a TV programme with the volume turned up but without the help of teletext (with hearing aid if normally worn)?:

**HEARAIID** May I just check, do you wear a hearing aid most of the time?:

**PROG2** Can you follow a TV programme at a volume that others find acceptable without your hearing aid?:

**HEARCOND** What health condition has caused your hearing difficulty?  
 PROBE FOR FULL DETAILS INCLUDING: Was it caused by anything else?  
 What does the doctor call this condition? What does the doctor say causes this difficulty?:

**RECOG1** Can you see well enough to recognise a friend one yard away (with glasses or contact lenses if normally worn)?:

**GLASSES** May I just check, do you wear glasses or contact lenses most of the time?:

**RECOG2** Can you see well enough to recognise a friend across The road (four yards away) without your glasses or lenses?:

**SEECOND** What health condition has caused your sight difficulty?  
 (PROBE FOR FULL DETAILS INCLUDING: Was it caused by anything else?  
 What does the doctor call this condition? What does the doctor say causes this difficulty?:

**DRESHHELP** Can you dress and undress on your own with some difficulty or can you only dress and undress with someone to help you?

**WASHHELP** Can you wash your hands and face on your own with some difficulty or can you only wash your hands and face with someone to help you?

**FEEDHELP** Can you feed yourself, including cutting up food, with some difficulty or can you only feed yourself with someone to help you?

**PROBCOMM** Do you have any difficulty communicating with close members of your family, that is, difficulty with understanding close members of your family or making them understand you?:

**TALKPROB** Are your communication difficulties to do with your speech?

**HEARPROB** Are your communication difficulties to do with your hearing?

**VISPROB** Are your communication difficulties to do with your vision?

**CONDIT1** You have told me you cannot..  
 What health condition has caused this these difficulty(s)?  
 (PROBE FOR FULL DETAILS INCLUDING: Was it caused by  
 anything else?  
 What does the doctor call this condition? What does the  
 doctor say causes this difficulty?  
 (NOTE IF MORE THAN ONE HEALTH CONDITION):

**HSS** May I check, have Health and Social Services made any  
 recommendations about adaptations to your accomodation to  
 make things easier for you or to make it safer?:

**ADAPT** Have any adaptations been carried out because of these  
 recommendations?:

**REGIST** May I check, are you registered as disabled?

**Reg 1-5** Which organisations are you registered as disabled with  
 (please give all of them)?:  
 SET [4] OF  
 (Dept Department of Education,  
 taea Training and Employment Agency,  
 comt Community Trusts,  
 Other Other (specify));

**regists** List all others:



## USE OF HEALTH SERVICES SECTION

**GPtalk** During the two weeks ending yesterday, apart from any visit to a hospital, did you talk to a doctor, on your own behalf, either face-to-face or by telephone?

**Numtalk** How many times did you talk to a doctor in these two weeks?

**DocLst** Apart from any visit to a hospital, when was the last Time you talked to a doctor on your own behalf, either face-to-face or on the telephone?

**GPSpec** Was the doctor:

(GP GP or family doctor,  
Spec Specialist,  
Other Some other kind of doctor);

**OthDoc** What kind of doctor did you talk to on the last occasion?

**trvtime** When you visit your GP, how long does it usually take you to get there from when you leave home?

(less5 Less than 5 minutes,  
t5to10 5 minutes but not 10 minutes,  
t10to15 10 minutes but not 15 minutes,  
t15to30 15 minutes but not 30 minutes,  
t30to45 30 minutes but not 45 minutes,  
t45to1h 45 minutes but not one hour,  
t1hr One hour or longer,  
never GP visits respondent,  
work Don't usually go from home, go from work etc);

**trvtimw** How long does it usually take you to get there from ..(work etc.)?

(less5 Less than 5 minutes,  
t5to10 5 minutes but not 10 minutes,  
t10to15 10 minutes but not 15 minutes,  
t15to30 15 minutes but not 30 minutes,  
t30to45 30 minutes but not 45 minutes,  
t45to1h 45 minutes but not one hour,  
t1hr One hour or longer);

**trnsport** What kind of transport, if any, do you usually use?

(Walk,  
Bicycle,  
mot Motorbike,  
car Private Car,  
Bus,  
Taxi,  
adap Transport adapted for disability,  
Opr Other private transport,  
opu Other public transport);

**othtrns** Please specify other kind of transport used

**InPYr** During the past 12 months, have you been in hospital as an inpatient, staying overnight or longer?

**OutPYr** During the past 12 months, did you attend hospital as a casualty, outpatient or day patient?

**NumOP** How many times in the past 12 months have you Attended hospital as a casualty, outpatient or day patient?

**AEVISIT** Did you, on any of those occasions, attend the Accident and Emergency or Casualty department of the hospital?

**NumAE** How many times in the past 12 months have you attended the Accident and Emergency or Casualty department?

**LstAE** When was the last time you attended the Accident and Emergency or Casualty department?

(Two Less than 2 weeks ago,  
Month 2 weeks but less than 1 month ago,  
Three One month but less than 3 months ago,  
Six 3 months but less than 6 months ago,  
Year 6 months but less than 1 year ago);

**CervSm** Have you ever had a cervical smear test?

**CerInv** Have you ever been invited or advised to have a cervical smear test?

**Nosmear 1-7** Could you please tell me from this card why you didn't have a cervical smear test at that time?

SET OF  
(DTrust I didn't think it would help me,  
Pain I was afraid it might be painful,  
Emb I was too embarrassed,  
Male I would have had to be examined by a male,  
Time I couldn't go at a convenient time,  
Place I couldn't have it at a convenient place,  
Other Other reason);

**CSOth** Please specify, what was the reason?

**StTest** Do you have your sight tested regularly by an optician?  
(INCLUDE TESTS IN HOSPITAL)

**StOft** How often do you have your sight tested?

(one Once a year or more often,  
Two Less than once a year but at least once every two years,  
Less Less often than once every two years);

**Teeth** May I just check, have you still got some of your natural teeth?

**DentVs** Do you go to the dentist:  
(INCLUDE VISITS TO ORTHODONTIST)

Visits to dentist:  
(Regly for a regular check-up,  
Occlly for an occasional check-up,  
Trouble or only when you are having trouble with your  
teeth?,  
Never SPONTANEOUS Never goes to dentist);

**HowReg** How often do you go to the dentist for a check-up?  
  
(SixMth At least once every six months,  
LessSix Less often than once every six months but  
at least once a year,  
LessYear Less often than once a year but at least once  
every two years,  
LessTwo Less often than once every two years);

**dentlst** When did you last go to a dentist?  
  
(Threem Less than 6 months ago,  
Sixm 6 months but less than one year ago,  
Ninem One year but less than 2 years ago,  
Year 2 years but less than 5 years ago,  
YearPl 5 years or longer ago);

## STRESS SECTION

**Stress 1-9** STRESS SECTION ( SHOW CARD 8 - CODE ALL THAT APPLY )

I'd like to ask you about your life generally in the last 12 months and about anything worrying or disruptive that may have happened to you.

Thinking of health issues first. Will you please look at this card and tell me if you have had any of these difficulties in the past 12 months.

(NONE OF THESE - CODE 9):

SET [8] OF

(illness	Developed or found out that you had a serious illness or disability,
exist	An existing health condition got worse,
accident	Had a serious accident or injury,
op	Had an operation or spent a period in hospital,
trment	Had painful or upsetting treatment for a health condition,
family	A member of your family or a friend had a serious health condition,
famember	A family member you were close to died,
friend	A close friend or someone who was important to you died,
NONE	None of these);

**WORK1** Have you done any paid work in the past 12 months?

**JOBB 1-7** SHOW CARD 9 - CODE ALL THAT APPLY

Have any of the things on this card happened to you in the past 12 months?:

SET [6] OF

(changed	Changed jobs,
lost	Lost your job,
thought	Thought that you would soon lose your job,
illness	Had to give up work because of illness disability,
other	Had any other crisis or serious disappointment in your work or career,
Retired,	
none	None of these);

**LOSTJOB** Has your husbandwife or partner lost a job or had a crisis or serious disappointment at work in the past 12 months?:

**RETIRED** May I just check, has your husbandwife or partner retired or had to give up work because of ill health during the past 12 months?

**WORRIED** Have you had any major worries about your housing in the past 12 months?

**LEFTHOME** Has any member of your household left home or a new person moved into your household in the past 12 months?  
NOTE - INCLUDES BABIES

**HAPFIR 1-7** Have any of the things on this card happened to you in the past 12 months?:

(divorced	Divorced or started living apart,
disagree	Had a serious disagreement with your spouse or partner,
betray	Felt betrayed or disappointed by your spouse or partner,
children	Had serious difficulty with any of your children because of their health or behaviour or anything else,
fallout	Fallen out or had a serious disagreement with a friend or relative or felt betrayed by someone,
contact	Lost contact with close family or friends for some other reason,
none	None of these);

**HAPSEC 1-5** Have any of the things on this card happened to you in the past 12 months?:

(robbed	Assaulted or robbed,
finance	Had any major financial problems,
law	Had any serious problems with officials or with the law,
other	Had any other serious upsets or disappointments,
none	None of these);

**OTHSPEC** What serious upsets or disappointments have you had?:

**EVTHING** Thinking about everything that has happened to you in the past 12 months, could you tell me how much worry or stress you have had over that time; would you say you have had::

(noworry	No worry or stress,
little	Just a little,
alot	Quite a lot,
gooddeal	A great deal of worry or stress);

**EFFTROU** I'd like to ask you a few questions about the effects the Troubles have had.  
Things change from time to time but, thinking about the whole period since 1969, how much violence would you say there has been in this area because of the Troubles?

Effect of Troubles in your area:  
(NOTV Not very much at all,  
jusl Just a little,  
qbit Quite a bit,  
alot A lot);

**famtrou** How much have the Troubles affected your own life and the lives of your immediate family?

(NOTV Not very much at all,  
jusl Just a little,  
qbit Quite a bit,  
alot A lot);

**FeelNI** Which of the following statements best describes the way you feel about the political situation in Northern Ireland at present?

(doesnt It doesn't really worry me,  
abit I am a bit worried about it,  
qlot I worry about it quite a lot,  
vlot I am very worried about it);

## SF36 SECTION

**MOREQUES** I'd like to ask you some more questions about your general health but it may be quicker if you fill in the answers yourself on the computer.

SHOW INFORMANT HOW TO ENTER ANSWERS BY USING FOLLOWING EXAMPLES.

IF INFORMANT PREFERS NOT TO USE COMPUTER, SHOW QUESTIONS AND ANSWERS

ON CARD AND ASK FOR LETTER INDICATING CHOSEN ANSWER TO EACH QUESTION:

**SFTIME1** EXPLAINING USE OF SELF COMPLETION STARTS: TIMETYPE

**EXAMPL** How often have you used a computer?:

(freq I use a computer very frequently,  
haveused I have used a computer, but don't use one  
very often,  
never I have never used a computer);

**GENERAL** In general, would you say your health is::  
(excell excellent,  
verygood very good,  
good,  
fair,  
poor);

**RATE** Compared to one year ago, how would you rate your health in general now?:  
(muchbet Much better now than one year ago,  
somebet Somewhat better now than one year ago,  
same About the same,  
someworse Somewhat worse now than one year ago,  
muchworse Much worse now than one year ago);

**ACTIVIT0** The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?

**MODACT** Does your health limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

**GROCERY** Does your health limit you in lifting or carrying groceries?

**CLIMBSEV** Does your health limit you in climbing several flights of stairs?

**CLIMBONE** Does your health limit you in climbing one flight of stairs?

**BENDING** Does your health limit you in bending, kneeling or stooping?

**WALKMILE** Does your health limit you in walking more than a mile?

**WALKHALF** Does your health limit you in walking half a mile?:

**WALKYARD** Does your health limit you in walking 100 yards?

**BATHDRES** Does your health limit you in bathing and dressing yourself?

**PROBLEM** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Have you cut down on the amount of time you spent on work or other activities as a result of your physical health?

**ACCOMP** During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?:

**LIMIT1** During the past 4 weeks, were you limited in the kind of work or other activities you did as a result of your physical health?

**DIFF** During the past 4 weeks, have you had difficulty performing the work or other activities that you did (e.g. it took extra effort) as a result of your physical health?

**EMOTION** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling depressed or anxious)?

Have you cut down on the amount of time you spent on work or other activities as a result of emotional problems?

**ACCOMP1** During the past 4 weeks, have you accomplished less than you would like as a result of emotional problems?

**NOTWORK** During the past 4 weeks, did you not do work or other activities as carefully as usual as a result of emotional problems?

**EMOTPROB** During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?:

(notall      Not at all,  
slightly,  
moder      moderately,  
abit      quite a bit,  
extreme      extremely);

**BODYPAIN** How much bodily pain have you had during the past 4 weeks?

(none,  
verymild      very mild,  
mild,  
moderate,  
severe,  
vsevere      very severe);



**PAINWORK** During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?:

(notatall not at all,  
 litbit a little bit,  
 moderate moderately,  
 qbit quite a bit,  
 ext extremely);

**FEELING** These questions are about how you feel and how things have been with you during the past month.  
 For each question please indicate the one answer that comes closest to the way you have been feeling  
 How much time during the past month did you feel full of life?

**NERVOUS** How much time during the past month have you been a very nervous person?

**FELTDOWN** How much time during the past month have you felt so down in the dumps that nothing could cheer you up?

**CALM** How much time during the past month have you felt calm and peaceful?

**ENERGY** How much time during the past month did you have a lot of energy?

**FELTLOW** How much time during the past month have you felt downhearted and low?

**WORNOUT** How much time during the past month did you feel worn out?

**HAPPY00** How much time during the past month have you been a happy person?

**TIRED** How much time during the past month did you feel tired?:

**SOCIAL** How much time during the past month has your health limited your social activities (like visiting friends or close relatives)?

**DESCRIBE** Please choose the answer that best describes how true or false each of the following statements is for you...  
 I seem to get ill more easily than other people

**HEALTHY** I am as healthy as anybody I know

**WORSE** I expect my health to get worse

**EXCELL** My health is excellent

## GHQ12 SECTION

- Concent** PLEASE READ THIS CAREFULLY  
I'd like to know if you have had any medical complaints and how your health has been in general OVER THE PAST FEW WEEKS. Please answer ALL the questions simply by pressing the key with the number against the answer which you think most nearly applies to you. Remember, I want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.
- Have you recently been able to concentrate on whatever you're doing?
- GHQ Concentration:
- (Bet Better than usual,  
Same Same as usual,  
Less Less than usual,  
MuchL Much less than usual);
- Sleep** Have you recently lost much sleep over worry?
- Useful** Have you recently felt that you are playing a useful part in things?
- (More More so than usual,  
Same Same as usual,  
Less Less useful than usual,  
MuchL Much less useful);
- decision** Have you recently felt capable of making decisions about things?
- (More More so than usual,  
Same Same as usual,  
Less Less so than usual,  
MuchL Much less capable);
- Strain** Have you recently felt under constant strain?
- Diffcult** Have you recently felt you couldn't overcome your difficulties?
- Activit1** Have you recently been able to enjoy your normal day-to-day activities?
- (More More so than usual,  
Same Same as usual,  
Less Less so than usual,  
MuchL Much less than usual);
- Problems** Have you recently been able to face up to your problems?
- (More More so than usual,  
Same Same as usual,  
Less Less able than usual,  
MuchL Much less able);

<b>Depress</b>	Have you recently been feeling unhappy and depressed?
<b>Confid</b>	Have you recently been losing confidence in yourself
<b>Worthles</b>	Have you recently been thinking of yourself as a worthless person?
<b>Happy01</b>	Have you recently been feeling reasonably happy, all things considered?  (More    More so than usual, Same    About same as usual, Less    Less so than usual, NuchL   Much less than usual);
<b>tablets</b>	Are you taking any medicine or tablets for your nerves?
<b>Nervill</b>	Do you think that you have a nervous illness

## SOCIAL SUPPORT SECTION

- SOC1** Now I'd like to ask you something about your family and friends, including those who live with you as well as those who don't.
- The following statements have been made by people about their family and friends; will you please read them and tell me how true they are for you.: (CONTINUE);
- SHAPPY** There are people among my family or friends who do things to make me happy; Is that...:  
(nottrue Not true,  
parttrue Partly true,  
certtrue Or certainly true?)
- LOVE** There are people among my family or friends who make me feel loved; Is that...:  
(nottrue Not true,  
parttrue Partly true,  
certtrue Or certainly true?)
- RELY** There are people among my family or friends who can be relied on no matter what happens; Is that...:  
(nottrue Not true,  
parttrue Partly true,  
certtrue Or certainly true?)
- TAKECARE** There are people among my family or friends who would see that I was taken care of, if I needed to be; Is that...:  
(nottrue Not true,  
parttrue Partly true,  
certtrue Or certainly true?)
- ACCEPT** There are people among my family or friends who accept me just as I am; Is that...:  
(nottrue Not true,  
parttrue Partly true,  
certtrue Or certainly true?)
- FEELPART** There are people among my family or friends who make me feel an important part of their lives; Is that...:  
(nottrue Not true,  
parttrue Partly true,  
certtrue Or certainly true?)
- SUPENCOR** There are people among my family or friends who give me support and encouragement; Is that...:  
(nottrue Not true,  
parttrue Partly true,  
certtrue Or certainly true?)
- SUPENend** This is the end of the self-completion section, DO NOT CONTINUE
- NOTEMETH** METHOD OF SELF-COMPLETION:  
(computer by computer,  
card Questions and answers shown on card,  
OrdQues Ordinary questioning by interviewer (last resort))

## SMOKING AND DRINKING SECTION

**EvSmok** May I just check, have you ever smoked a cigarette, a cigar or a pipe?

**Smok 1-4** Do you smoke cigarettes, cigars or a pipe at all nowadays?

(SmokCig Smokes cigarettes,  
SmokCigr Smokes cigars,  
SmokPipe Smokes pipe,  
NoSmok Doesn't smoke at all);

**numcigw** About how many cigarettes a day do you usually smoke at weekends?

**numcigD** About how many cigarettes a day do you usually smoke on weekdays?

**EvCig** Have you ever smoked cigarettes?

**regsmk** Did you smoke cigarettes regularly, that is, at least once a day, or did you smoke them only occasionally?

(Reg Regularly,  
Occ Occasionally,  
spon (Just tried once or twice);

**numprsmk** About how many cigarettes did you smoke a day when you smoked regularly?

**numyrsmk** And for approximately how many years did you smoke regularly?

**GPStop** Has your GP ever advised you to give up smoking?

**PassSm** (when you are not smoking yourself) Do you spend any time regularly in enclosed places, either in the home or elsewhere, where other people are smoking or have been smoking ?

**TimPSm** How much time do you spend in enclosed places where you breathe tobacco smoke (when you are not smoking yourself):

(Five At least 5 hours every day or most days,  
One One to 4 hours every day or most days,  
FiveWk At least 5 hours a week,  
OneWk One to 4 hours a week,  
RegLes Regularly but less often than that,  
Other);

**OTimPSM** PLEASE SPECIFY

**Passmok 1-5** Where are you when you are exposed to tobacco smoke in this way: CODE ALL THAT APPLY:

(Home,  
Work,  
Vis Visiting family or friends,  
leis Places where you go in your leisure time (e.g.  
Pub, club),  
other);

**OWRPSSM** PLEASE SPECIFY

**EVDRNK** Do you ever drink alcohol nowadays, including drinks you brew or make at home?

**TOTABS** May I just check, does that mean that you never have an alcoholic drink nowadays or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas or New Year?:  
(VOcc Very occasionally,  
Never);

**ALWAYS** Have you always been a non-drinker or did you stop drinking for some reason?:

(Always Always a non-drinker,  
Stop Used to drink but stopped);

**ILLSTP** Did you stop drinking because of a particular health condition you had at the time or for some other reason?  
(IF STOPPED BECAUSE PREGNANT, CODE AS SOME OTHER REASON):  
(Healthcd Because of health condition,  
SomeOth Some other reason);

**WYSTP** About how often have you had an alcoholic drink of any kind in the last 12 months?:

(EvDay Almost every day,  
Fivedays 5 or 6 days a week,  
Thredays 3 or 4 days a week,  
Oneweek Once or twice a week,  
Onemonth Once or twice a month,  
Months Once every couple of months,  
Oneyear Once or twice a year,  
NotDrink Not at all in the last 12 months);

**DRTYPE 0-5** Will you please tell me which of these kinds of drink you have drunk at all in the last 12 months? I do not need to know about non-alcoholic or low alcohol drinks.:

(Shandy Shandy (exclude bottlescans),  
Beer Beer, lager, stout, cider (INCLUDE BOTTLESCANS),  
Spirit Spirits or liqueurs, e.g. gin, whisky, rum,  
brandy, vodka, advocaat, cherry brandy,  
Sherry Sherry or martini, port, vermouth, cinzano,  
dubonnet,  
Wine Wine, champagne, baby cham,  
OthDrnk Other alcoholic drink);

**SHNDY** How many pints of shandy do you drink in a typical week?

**CONVERT1**    CONVERT TO UNITS:

**MNYSHNDY**    How many pints of shandy do you drink in a typical month?

**CONVERT2**    CONVERT TO UNITS:

**BEERPINT**    How many pints of beer, lager, stout or cider do you drink in a typical week

**CONVERT3**    CONVERT TO UNITS:

**MNYBEER**    How many pints of beer, lager, stout or cider do you drink in a typical month?

**CONVERT4**    CONVERT TO UNITS:

**SPIRITS**    Here is a picture to show you what a single measure of spirits in a pub looks like in different glasses. If you drink at home you may not pour out exactly the same amount but I'd like you to estimate how many singles like this of spirits or liqueur you drink in a typical week?

**CONVERT5**    CONVERT TO UNITS:

**MNYSING**    Here is a picture to show you what a single measure of spirits in a pub looks like in different glasses. If you drink at home you may not pour out exactly the same amount but I'd like you to estimate how many singles like this of spirits or liqueur you drink in a typical month?

**CONVERT6**    CONVERT TO UNITS:

**SHERRY1**    This shows what a small glasss of sherry, port, martini or similar drinks look like. The big glass is equal to two small glasses. I'd like you to estimate how many small glasses of sherry, port, martini or similar drinks you drink in a typical week?

**CONVERT7**    CONVERT TO UNITS:

**MNYSHERY**    This shows what a small glasss of sherry, port, martini or similar drinks look like. The big glass is equal to two small glasses. I'd like you to estimate how many small glasses of sherry, port, martini or similar drinks you drink in a typical month?

**CONVERT8**    CONVERT TO UNITS:

**CHAMP**    This shows what we mean by one glass of wine, champagne or babycham. You may not use glasses of this size but I'd like you to estimate how many glasses like this of wine, champagne or babycham you drink in a typical week?

**CONVERT9**    CONVERT TO UNITS:

**MNYCHAMP**    This shows what we mean by one glass of wine, champagne or babycham. You may not use glasses of this size but I'd like you to estimate how many glasses like this of wine, champagne or babycham you drink in a typical month?

**CONVER10**    CONVERT TO UNITS:

**othdrink** Could you tell me if you have had any other alcoholic drinks during the last 12 months?: yesno;

**drink1** What other type(s) of drink have you had?

**OTDRW1** How many of this drink would you have in a typical week?

**CONVER11** CONVERT TO UNITS:0.00..300.00 (HIDDEN);

**OTDRM1** How many of this drink would you have in a typical month?

**CONVER12** CONVERT TO UNITS:0.00..300.00 (HIDDEN);

**othdrk2** Could you tell me if you have had any other alcoholic drinks during the last 12 months?

**drink2** ENTER TYPE OF DRINK

**OTDRW2** How many of this drink would you have in a typical week?

**CONVER13** CONVERT TO UNITS:

**OTDRM2** How many of this drink would you have in a typical month?

**CONVER14** CONVERT TO UNITS:



## EATING HABITS SECTION

**WEEKLY** I'd like to ask you something about your eating habits.  
About how often do you eat fried food, such as fried fish,  
chips, cooked breakfast, etc.?

NOTE - IF SAY NEVER TO DIET QUESTIONS CODE AS (1)

**CAKES** How often do you eat cakes, pastries or biscuits?

**FRUIT** How often do you eat any kind of fruit or vegetables apart  
from potatoes?

**ONEPERS** CARERS SECTION; DO NOT ASK - INTERVIEWER CODE  
IS THERE ONLY ONE PERSON LIVING IN THIS HOUSEHOLD?:

## CARERS SECTION

**ANYSICK** May I check, is there anyone living with you who is sick,  
disabled or elderly whom you look after or give special  
help to?

IF PERSON IN HOUSEHOLD WHO NEEDS SPECIAL HELP - CONFIRM  
THAT RESPONDENT HAS NO SPECIAL RESPONSIBILITIES BECAUSE OF  
THIS

**LIVEIN** Do you look after or help one sick, disabled or elderly  
person who is living with you or is it more than one person?

ENTER NUMBER OF DEPENDANTS IN HOUSEHOLD:

**LIVEOUT** Do you provide some regular service or help for any sick,  
disabled or elderly relative, friend or neighbour not living  
with you?

**DEPEND** Do you look after or help one sick, disabled or elderly  
person living elsewhere or is it more than one person?  
ENTER NUMBER OF DEPENDANTS NOT LIVING IN HOUSEHOLD:

**TOTDEP** ENTER TOTAL NO OF DEPENDANTS

**RELATE** THIS SECTION IS REPEATED FOR EACH DEPENDANT

Who is it that you look after or help?  
(Ask of those living in the household first, then those  
living elsewhere.):

(Parent	Parent,
Parentp	Parent-in-law,
GParent	Grandparent,
Spouse	Spouse, partner,
BroSis	Brothersister,
Child	Child (incl. stepchild),
OthRel	Other (related),
Friend	Friendneighbour (unrelated),
OthUnrel	Other (unrelated));

**OTHER**        What is this person to you?

**Depname**     RECORD NAME OR RELATIONSHIP BY WHICH DEPENDANT WILL BE  
                 REFERED TO IN THE FOLLOWING QUESTIONS

**DPERSN**       ENTER PERSON NO. OF DEPNAME

**AGE**           ASK OR RECORD  
                 What age is depname now

**sex**           ASK OR RECORD  
                 What sex is depname

**MAINC**        May I just check, are you the main person who looks after  
                 depname or is there someone else in your household who  
                 spends more time than you do looking after himher?:  
(Main    I am the main person,  
          Less    Someone else spends more time,  
          Share   SPONTANEOUS: No-one spends more time but someone  
                 else spends as much time);

**WRONG**        What is the matter with depname?

**DEPTYP**       May I just check, how is depname affected:    is it:  
(\*\* CODE ALL THAT APPLY \*\*):SET OF  
(Phys        A physical difficulty,  
          Sight        A difficulty with sight or hearing,  
          Learn        A learning difficulty or mental handicap,  
          MentHel      A mental health difficulty,  
          NODIF        Not affected);

**WHATDO**       What kinds of things do you usually do for depname;  
                 will you please look at this card and tell me all the  
                 things that you usually do:

(Pers    Personal care,  
          Phys    Physical help,  
          Paper   Help with paperwork and financial matters,  
          Prac    Other practical help, shopping etc.,  
          Comp    Keeping company,  
          Take    Taking out,  
          Med    Giving medicines,  
          Eye    Keeping an eye on,  
          OthThing);

**OTHCAR**       What other things do you do for depname?:

**HWLONG**       About how long altogethger do you spend on average each  
                 week looking after or helping depname, including any  
                 time when you just need to be there but apart from when  
                 you are asleep? Please include any time you have to spend  
                 travelling.

**WHATHOUR**    Record other amount of time looking after depname?:

**HOWLONG** About how long have you been looking after or helping depname?:

(Less6	Less than 6 months,
Oneyear	6 months but less than one year,
Threyear	1 year but less than 3 years,
FOURyear	3 years but less than 5 years,
Fiveyear	5 years but less than 10 years,
Tenyear	10 years but less than 15 years,
Fteen	15 years but less than 20 years,
Twnty	20 years or longer);

**VISITS** Does depname have regular visits at least once a month from any of these people?:SET OF

(Doctor,	
Nurse	Community or district nurse,
HVis	Health visitor,
SocW	Social worker,
HHelp	Home Help,
HomeCare	Other paid home carer,
MonW	Meals on Wheels,
VolW	Voluntary worker,
ComNurse	Community psychiatric nurse,
MenNurs	Community mental handicapped learning disability nurse,
physio	Physiotherapist,
Speech	Speech and language therapist,
occup	Occupational therapist,
diet	Dietician,
chir	Chiropodist, Podiatrist,
OthV	Any other regular professional visitor or service?,
None	None,
outside	NOT IN HOUSEHOLD);

**OTHVIS** What other professional person visits?

**SECLNG** You have told me about how long you spend helping each of these people; some of this time may overlap, so could you please tell me how long you spend altogether on average each week looking after the twoall of them?

**OTHLNG** How long on average do you spend each week looking after or helping the twoall of them?

**RESPPICK** SELECT DEPENDANT THE RESPONDENT SPENDS MORE THAN 20 HOURS WITH IF NONE GREATER THAN 20 HOURS - ENTER CODE 6 'NONE'.

IF SAME AMOUNT OF TIME (GREATER THAN 20 HRS) IS SPENT WITH MORE THAN ONE DEPENDANT SELECT THE DEPENDANT WHO IS 'AT HOME'. IF BOTH AT HOME - PROBE WHICH ONE MOST TIME IS SPENT WITH ON AVERAGE

IF STILL NO DIFFERENCE - SELECT THE FIRST ELIGIBLE:

(D1 TXT[1],	
D2 TXT[2],	
D3 TXT[3],	
D4 TXT[4],	
D5 TXT[5],	
NONE NONE ELIGIBLE);	

**DAYintr** The next section only applies to people who spend 20 hrs a week or more caring for their main dependant:(CONTINUE);

**DAYOFF** You have told me about the things you do for DNAME; if you wanted a rest for a couple of days (during the time when you usually look after himher), is there anyone you could rely on to look after himher, either at home or elsewhere?:  
(Yes,  
No,  
LAlone Dependant could be left alone);

**HWDIFF** How difficult would it be for you to arrange for someone else to look after himher for a couple of days (during the time when you usually look after himher)?

**BREAK** Have you had a break of two days or more (during the time when you usually look after this person) since you started to look after DNAME?

**LASTBREK** How long is it since you last had a break of two days or longer?:  
(LessYear Under 12 months,  
MoreYear 1 year or longer,  
NoBreak No break since started looking after dependant);

**MTHS** About how many months is it since you last had a break of two days or longer?  
  
CODE AS '0' IF LESS THAN A MONTH

**YRS** About how many years is it since you last had a break of two days or longer?

**BREAK1** And how long was it between that break and the time before that when you had a break of two days or longer?:  
(Less1Yr Under 12 months,  
MoreYr 1 year or longer,  
NoBrk No break since started looking after dependant);

**MTHS1** About how many months was it between your last break and the previous one?

**YRS1** About how many years was it between your last break and the previous one?

**OUT2HRS** If you wanted to go out for a couple of hours (during the time when you usually look after this person), could DNAME be left alone or would someone else have to look after himher?:  
(Yes Someone else would have to look after himher,  
No Dependant could be left alone);

**HOWDIFF** How difficult would it be to arrange for someone to look after himher for a couple of hours (during the time when you usually look after himher)?

## CHILD DISABILITY SECTION

**CHKCHILD** CHILD DISABILITY

IS RESPONDENT THE BEST PERSON TO ANSWER QUESTIONS ON  
CHILDREN ?:

(best Yes,  
nobut No - but questions asked,  
nonot No - questions not asked);

**CHDINTR** The next section looks at any problems your childchildren  
may have:

**DisCh** Would you mind looking at this card. Is there any child  
under 16, including babies and toddlers, in your household  
to whom any of the things on this card applies? : YESNO;

**OthDif** Does any child in your household have other difficulties  
with daily activities because of disabilities or long-term  
health or behaviour problems not mentioned so far?

**NumDis** ASK OR RECORD  
Is that just one child or is there more than one with some  
kind of difficulty?

**PersCh0** ENTER PERSON NUMBER OF \$DTEXT CHILD

**Chdis 1-6** ASK or RECORD the type of difficulty \$DTEXT child has

(Unable Unable to do things most children of same  
age can do,  
Help Needs more help than usual,  
SpSch Attends special school,  
LimSch Limited in school activities (without asistance),  
Worry Worry that may have long-term problem,  
None None applies to any child in household);

**SpChD** What other difficulties does heshe have (if any)?

**ChWeez** May I just check, is there any child under 16 in  
your household who has wheezing or whistling in the  
chest when he or she does not have a cold?

**NumWz** Is that just one child or does more than one  
have wheezing without having a cold?

**PersWz** ENTER PERSON NUMBER OF \$WTEXT CHILD

**ChBrLs** Has \$WTEXT child ever been at all breathless when the  
wheezing or whistling was present?

**ChAsth** Has a doctor or nurse said that he or she has asthma?

## PARENTING SECTION

**CHKPAREN** IS RESPONDENT THE BEST PERSON TO ANSWER QUESTIONS ON CHILDREN ?:

(best Yes,  
nobut No - but questions asked,  
nonot No - questions not asked);

**Childn** ASK OR RECORD IF CERTAIN OF ANSWER

May I just check, have you (or your partner) got any children aged under 19 who are either living here with you or living somewhere else?

(Here Yes, living here,  
ElseWh Yes, living elsewhere,  
HandE Yes, both living here and living elsewhere,  
No);

**FAMINTRO** Families often have problems when bringing up children for which they may seek outside help, for example, from the kinds of people shown on this card. Thinking of your children (and your partner's children) have you (or your partner) asked for outside help to deal with problems any of your children have had in the past 3 years?

**parprt 1-11** What sorts of problem have you asked someone to help you with?

Please choose your answer from this card and choose more than one answer if there has been more than one kind of problem.

(Health Child's health,  
SchBeh Child's behaviour at school,  
Learn Child's progress in school work,  
OthSch Other problem at school,  
HmBeh Child's behaviour at home,  
ChDev A problem with the child's development,  
FamDif A problem connected with relationships in the family,  
Crime Child doing something against the law or getting in trouble with the police,  
Troubl A problem connected with the Troubles,  
HarmCh Someone else harming the child in some way,  
Other Some other kind of problem);

**WhHP** What was the other problem?:STRING [60];

## EMPLOYMENT SECTION

**introwk** and now some questions about employment

**anywork** In the week ending last sunday, were you....  
RUNNING PROMPT  
CHECK - SICKNESS\INJURY LESS THAN 28 DAYS

**scheme** May I just check please....  
Last week, that is in the 7 days ending last Sunday,  
were you on (away from) any of the following schemes?  
CODE FIRST THAT APPLIES  
DETAILS OF SCHEMES:  
( JSK Jobskills Training programme,  
YTP Youth Training Programme,  
ACE Action for Community Employment,  
JTP Job Training Programme,  
EU Enterprise Ulster,  
other Other government scheme (excluding Enterprise  
Allowance)?,  
none None of these);

**empcoll** Last week, were you ...  
CODE FIRST THAT APPLIES:  
( employer with an employer, or on a project providing  
work experience or practical training?,  
college or at a college or training course?) ;

**EMPST** CURRENT EMPLOYMENT STATUS

1.00	Worked last week
2.00	Away from work last week
3.00	Waiting to take up job
4.00	Looking for work
5.00	Not looking - sick
6.00	Economically inactive
8.00	Refused
9.00	Dont Know
-1.66000+308	Question not asked

**ILOSEEK** LOOKING FOR WORK IN LAST 4 WEEKS?

1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**ILOREADY** IF WORK AVAILABLE START WITHIN 2 WEEKS

1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

<b>EVRWORK</b>	EVER HAD PAID JOB
1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked
<b>OCCUP0</b>	OCCUPATION
<b>TITLE0</b>	JOB TITLE
<b>FULLY0</b>	FULLY DESCRIBE JOB
<b>INDUST0</b>	INDUSTRY
<b>EMPSEMP0</b>	EMPLOYED OR SELF EMPLOYED?
1.00	An Employee?
2.00	Self-Employed?
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked
<b>ESESTAT0</b>	LEVEL OF EMPLOYMENT
1.00	Manager?
2.00	Foreman \ Supervisor?
3.00	Employee?
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked
<b>MANYEMP0</b>	NUMBER OF EMPLOYEES IN ESTABLISHMENT
1.00	1 - 10 employees
2.00	11 - 24
3.00	25 - 49
4.00	50 - 249
5.00	250 - 499
6.00	500 or more
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked
<b>EMPOTH0</b>	EMPLOY ANY OTHER PEOPLE
1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked
<b>NUMEMP0</b>	HOW MANY OTHER PEOPLE EMPLOYED
1.00	1 - 5 employees
2.00	6 - 24 employees
3.00	25 or more
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked



**SOC2** OCCUPATION CODE

-1.00 Dont Know  
-3.00 Refused  
-1.66000+308 Question not asked

**SIC0** INDUSTRY CODE

-1.00 Dont Know  
-3.00 Refused  
-1.66000+308 Question not asked

**SEGO** SOCIO ECONOMIC GROUP CODE

1.00 Employer govt., industry  
2.00 Manager govt., industry  
3.00 Professional, self employed  
4.00 Professional employee  
5.00 Intermediate non-manual  
6.00 Junior non-manual  
7.00 Personal service  
8.00 Foremen - manual  
9.00 Skilled manual  
10.00 Semi-skilled manual  
11.00 Unskilled manual  
12.00 Own account workers  
13.00 Farmer - employer, manager  
14.00 Farmer - own account  
15.00 Agricultural worker  
16.00 Armed forces  
17.00 Inadequate definition  
18.00 No gainful occupation  
-1.00 Dont Know  
-3.00 Refused  
-1.66000+308 Question not asked

**FLPT** EMPLOYED FULLTIME OR PARTTIME

1.00 Full-time  
2.00 Part-time  
-1.00 Dont Know  
-3.00 Refused  
-1.66000+308 Question not asked

**LNUNEMP** HOW LONG OUT OF WORK

1.00 Less than a week  
2.00 1 week but less than 1 month  
3.00 1 month but less than 3 months  
4.00 3 months but less than 6 months  
5.00 6 months but less than 12 months  
6.00 12 months but less than 2 years  
7.00 2 years but less than 3 years  
8.00 3 years but less than 5 years  
9.00 5 years or more  
-1.00 Dont Know  
-3.00 Refused  
-1.66000+308 Question not asked

**IACTIV** ECONOMIC INACTIVITY STATUS

1.00	Going to school or College
2.00	Permanently unable to work
3.00	Retired Men 65 + , Women 60 +
4.00	Early Retirement
5.00	Looking after the home or family
6.00	Doing something else
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**IACTSP** INACTIVE - SPECIFY

**LJOBINT** EVER HAD A PAID JOB

1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**OCCUP1** OCCUPATION

**TITLE1** JOB TITLE

**FULLY1** FULLY DESCRIBE JOB

**INDUST1** INDUSTRY

**EMPSEMP1** EMPLOYED OR SELF EMPLOYED

1.00	An Employee?
2.00	Self-Employed?
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**ESESTAT1** LEVEL OF EMPLOYMENT

1.00	Manager?
2.00	Foreman \ Supervisor?
3.00	Employee?
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**MANYEMP1** NUMBER OF EMPLOYEES IN ESTABLISHMENT

1.00	1 - 10 employees
2.00	11 - 24
3.00	25 - 49
4.00	50 - 249
5.00	250 - 499
6.00	500 or more
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**EMPOTH1** EMPLOY ANY OTHER PEOPLE

1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**NUMEMP1** HOW MANY OTHER PEOPLE EMPLOYED

1.00	1 - 5 employees
2.00	6 - 24 employees
3.00	25 or more
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**SOC3** OCCUPATION CODE

-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**SIC1** INDUSTRY CODE

-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**SEG1** SOCIO ECONOMIC GROUP CODE

1.00	Employer govt., industry
2.00	Manager govt., industry
3.00	Professional, self employed
4.00	Professional employee
5.00	Intermediate non-manual
6.00	Junior non-manual
7.00	Personal service
8.00	Foremen - manual
9.00	Skilled manual
10.00	Semi-skilled manual
11.00	Unskilled manual
12.00	Own account workers
13.00	Farmer - employer, manager
14.00	Farmer - own account
15.00	Agricultural worker
16.00	Armed forces
17.00	Inadequate definition
18.00	No gainful occupation
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

## EDUCATION SECTION

### FTED FULL TIME EDUCATION

1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### EDAGE AGE LEFT FULL TIME EDUCATION

-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### QUAL0 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

1.00	CSE - Grade 1
2.00	CSE - Grade 2-5
3.00	CSE - ungraded\DK grade
4.00	Junior certificate
5.00	GCSE - Grades A-C
6.00	GCSE - Grades D-G
7.00	GCE O-level 1-6 (pre-1975)
8.00	GCE O-level Grades A-C (1975 or after)
9.00	GCE A-level or equivalent
10.00	Senior Certificate
11.00	Recognised trade apprenticeship complete
12.00	Clerical and commercial qualifications
13.00	National Council for Vocational Qualific
14.00	City and Guilds Certificate Part I
15.00	City and Guilds Certificate Part II
16.00	City and Guilds Certificate Part III
17.00	ONC or OND, BEC\TEC general certificate
18.00	HNC or HND, BEC\TEC higher certificate
19.00	Nursing qualifications eg SEN, SRN, SCM
20.00	Nursing degree
21.00	Teaching qualifications
22.00	University\Polytechnic diploma
23.00	University or CNAA First Degree (eg BA B
24.00	University or CNAA Higher Degree (eg MSc
25.00	Other qualification (inc other school ex
26.00	NONE OF THESE
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### QUAL1 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL2 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL3 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL4 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL5 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL6 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL7 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL8 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### QUAL9 HAVE ANY OF THE FOLLOWING QUALIFICATIONS

### OTHQUAL WHAT OTHER QUALIFICATIONS

## INCOME AND BENEFIT SECTION

### TYPEBE00 RECEIVING ANY STATE BENEFITS?

- 1.00 Child Benefit?
- 2.00 One-Parent Benefit?
- 3.00 Guardian s Allowance
- 4.00 Retirement Pension (National Insurance)
- 5.00 Widows Pension or Allowance (National In
- 6.00 War Disablement Pension ( & any related
- 7.00 Severe Disablement Allowance
- 8.00 Disability Working Allowance
- 9.00 Disability Living Allowance
- 10.00 Unemployment Benefit\Jobseekers allowanc
- 11.00 Income Support\Jobseekers allowance?
- 12.00 Family Credit (not received in a lump su
- 13.00 Incapacity Benefit
- 14.00 Statutory Sick Pay
- 15.00 Industrial Injury Disablement Benefit
- 16.00 None of above?
- 1.00 Dont Know
- 3.00 Refused
- 1.66000+308 Question not asked

### TYPEBE01 RECEIVING ANY STATE BENEFITS?

### TYPEBE02 RECEIVING ANY STATE BENEFITS?

### TYPEBE03 RECEIVING ANY STATE BENEFITS?

### TYPEBE04 RECEIVING ANY STATE BENEFITS?

### TYPEBE05 RECEIVING ANY STATE BENEFITS?

### TYPEBE06 RECEIVING ANY STATE BENEFITS?

### TYPEBE07 RECEIVING ANY STATE BENEFITS?

### TYPEBE08 RECEIVING ANY STATE BENEFITS?

### TYPEBE09 RECEIVING ANY STATE BENEFITS?

### TYPEBE10 RECEIVING ANY STATE BENEFITS?

### TYPEBE11 RECEIVING ANY STATE BENEFITS?

### TYPEBE12 RECEIVING ANY STATE BENEFITS?

### TYPEBE13 RECEIVING ANY STATE BENEFITS?

### TYPEBE14 RECEIVING ANY STATE BENEFITS?

### TYPEBE15 RECEIVING ANY STATE BENEFITS?

### GROSS TOTAL ANNUAL GROSS HOUSEHOLD INCOME

- 1.00 Less than £2000 (£40 per week)
- 2.00 £ 2000 - £ 2999 (£40 - £57 per week)
- 3.00 £ 3000 - £ 3999 (£58 - £77 per week)
- 4.00 £ 4000 - £ 4999 (£78 - £96 per week)
- 5.00 £ 5000 - £ 5999 (£97 - £115 per week)
- 6.00 £ 6000 - £ 6999 (£116 - £135 per week)
- 7.00 £ 7000 - £ 7999 (£136 - £153 per week)
- 8.00 £ 8000 - £ 9999 (£154 - £192 per week)
- 9.00 £ 10000 - £ 11999 (£193 - £230 per week)
- 10.00 £ 12000 - £ 14999 (£231 - £289 per week)
- 11.00 £ 15000 - £ 17999 (£290 - £346 per week)
- 12.00 £ 18000 - £ 19999 (£347 - £385 per week)
- 13.00 £ 20000 - £ 22999 (£386 - £442 per week)
- 14.00 £ 23000 and Over (£443 per week or over)
- 1.00 Dont Know
- 3.00 Refused
- 1.66000+308 Question not asked

**ANNUAL** TOTAL ANNUAL GROSS PERSONAL INCOME

1.00	Less than £2000 (£40 per week)
2.00	£ 2000 - £ 2999 (£40 - £57 per week)
3.00	£ 3000 - £ 3999 (£58 - £77 per week)
4.00	£ 4000 - £ 4999 (£78 - £96 per week)
5.00	£ 5000 - £ 5999 (£97 - £115 per week)
6.00	£ 6000 - £ 6999 (£116 - £135 per week)
7.00	£ 7000 - £ 7999 (£136 - £153 per week)
8.00	£ 8000 - £ 9999 (£154 - £192 per week)
9.00	£ 10000 - £ 11999 (£193 - £230 per week)
10.00	£ 12000 - £ 14999 (£231 - £289 per week)
11.00	£ 15000 - £ 17999 (£290 - £346 per week)
12.00	£ 18000 - £ 19999 (£347 - £385 per week)
13.00	£ 20000 - £ 22999 (£386 - £442 per week)
14.00	£ 23000 and Over (£443 per week or over)
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**TIMEHERE** LENGTH OF TIME AT ADDRESS

1.00	less than 6 months
2.00	6 months but less than 1 year
3.00	1 year but less than 2 years
4.00	2 years but less than 3 years
5.00	3 years but less than 5 years
6.00	5 years but less than 10 years
7.00	10 years or longer
8.00	Never lived at another address
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**TIMEPREV** LENGTH OF TIME AT PREVIOUS ADDRESS

1.00	less than 6 months
2.00	6 months but less than 1 year
3.00	1 year but less than 2 years
4.00	2 years but less than 3 years
5.00	3 years but less than 5 years
6.00	5 years but less than 10 years
7.00	10 years or longer
8.00	Never lived at another address
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**RELIGI** BELONG TO PARTICULAR RELIGION

1.00	Yes
2.00	No
8.00	Refused
9.00	Dont Know
-1.66000+308	Question not asked

**DENOMIN**      WHAT IS THE DENOMINATION

1.00	Catholic
2.00	Presbyterian
3.00	Church of Ireland
4.00	Methodist
5.00	Baptist
6.00	Free Presbyterian
7.00	Brethren
8.00	Protestant - not specified
9.00	Other Christian
10.00	Jewish
11.00	Other Non-Christian
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**RELBORN**      IN WHAT RELIGION WERE YOU BROUGHT UP

1.00	Catholic
2.00	Presbyterian
3.00	Church of Ireland
4.00	Methodist
5.00	Baptist
6.00	Free Presbyterian
7.00	Brethren
8.00	Protestant - not specified
9.00	Other Christian
10.00	Jewish
11.00	Other Non-Christian
12.00	None
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

**FUNDGP**      IS GP A FUNDHOLDER

1.00	GP is a fundholder
2.00	GP is not a fundholder
3.00	Not sure if GP is a fundholder
8.00	Refused
9.00	Dont Know
-1.66000+308	Question not asked

**GPADDR**      GP NAME AND ADDRESS

## PHYSICAL MEASURES SECTION (NURSES VISIT)

### STAGEA INTRODUCTION TO STAGE A

1.00	CONTINUE
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### CNVST CONSENT TO VISIT

1.00	YES - NURSE VISIT ACCEPTED
2.00	NO - NURSE VISIT NOT ACCEPTED
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### STAGEB REASON FOR REFUSAL

### FOLLOWUP SYSTEM VARIABLE

1.00	Yes
2.00	No
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### AGREE FORM SIGNED FOR FOLLOWUP

1.00	Signed consent form
2.00	Did not sign consent form
-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### INDVNI INDIVIDUAL WEIGHTING FACTOR

-1.00	Dont Know
-3.00	Refused
-1.66000+308	Question not asked

### NEWSMK2 cigar smokers

2.00	cigars
------	--------

### NEWSMK3 pipe smokers

3.00	pipe
------	------

### DRKALL Drinking recode

### AGEGRP1 Age group of respondent

1624.00	16-24
2534.00	25-34
3544.00	35-44
4554.00	45-54
5564.00	55-64
6574.00	65-74
75120.00	75+



<b>CTHPRD</b>	religion	
	1.00	catholic
	2.00	protestant
	3.00	other
<b>SOCIALC</b>	Social Class	
	100.00	SCI
	200.00	SCII
	300.00	SCIIIn
	400.00	SCIIIm
	500.00	SCIV
	600.00	SCV
<b>SOCIALCC</b>	SOCIO-ECONOMIC GROUP	
	100.00	PROFESSIONAL OCC
	200.00	MANAGERIAL & TECH
	300.00	SKILLED NON-MAN
	400.00	SKILLED MANUAL
	500.00	PARTLY SKILLED
	600.00	UNSKILLED
<b>SMOKAGG</b>	Smoking recode	
	1.00	Current Smokers
	2.00	Ex Smokers
	3.00	Never Smoked
<b>NUMSMK</b>	Average Cigarettes bands per day	
	100.00	1 - 9
	200.00	10 - 19
	300.00	20 +
<b>ACTIVE</b>	ECONOMIC ACTIVITY	
	1.00	EMPLOYED
	2.00	UNEMPLOYED
	3.00	INACTIVE
<b>NONMAN</b>	MANUAL/NON-MANUAL CLASSIFICATION	
	1.00	NON-MANUAL
	2.00	MANUAL
<b>NEVER</b>	SMOKING STATUS	
	1.00	NON SMOKERS
	2.00	EX REGULAR OR OCCASIONAL
	3.00	CURRENT SMOKERS
<b>EXSMKER</b>	EX (REGULAR/OCCASIONAL) SMOKER	
	1.00	EX-SMOKER
<b>NONSMKE</b>	THOSE WHO NEVER SMOKED OR ONCE OR TWICE	
	1.00	NON-SMOKERS

<b>UNITS</b>	UNITS OF ALCOHOL PER WEEK
1.00	VERY LOW (<0.5 UNITS)
2.00	LOW (0.5 TO 10 UNITS)
3.00	MODERATE (>10 TO 21 UNITS)
4.00	FAIRLY HIGH (>21 TO 35)
5.00	HIGH (>35 TO 50)
6.00	VERY HIGH (OVER 50)
<b>ALLDRK</b>	ALL RESPONDENTS DRINKING HABITS
1.00	NEVER DRANK
2.00	DRANK, NOT NOW
3.00	CURRENTLY DRINK
<b>MLEUNIT</b>	MALE UNITS OF ALCOHOL
1.00	VERY LOW (<0.5 UNITS)
2.00	LOW (0.5 TO 10 UNITS)
3.00	MODERATE (>10 TO 21 UNITS)
4.00	FAIRLY HIGH (>21 TO 35)
5.00	HIGH (>35 TO 50)
6.00	VERY HIGH (OVER 50)
<b>FMALUN1</b>	ALL FEMALE UNITS
1.00	VERY LOW (<0.5 UNITS)
2.00	LOW (0.5 TO 7 UNITS)
3.00	MODERATE (>7 TO 14 UNITS)
4.00	FAIRLY HIGH (>14 TO 21)
5.00	HIGH (>21 TO 28)
6.00	VERY HIGH (OVER 28)
<b>WMNSENS</b>	WOMENS SENSIBLE DRINKING LEVELS
1.00	WITHIN SENSIBLE LIMIT (0-14)
2.00	OVER SENSIBLE LIMIT (14+)
<b>MENSENS</b>	MENS SENSIBLE DRINKING LEVELS
1.00	WITHINSENSIBLE LEVELS (0-21)
2.00	OVER SENSIBLE LEVELS (21+)
<b>UNIT9</b>	UNITS OF ALCOHOL PER WEEK
1.00	VERY LOW (<0.5 UNITS)
2.00	LOW (0.5 TO 7 UNITS)
3.00	MODERATE (>7 TO 14 UNITS)
4.00	FAIRLY HIGH (>14 TO 21)
5.00	HIGH (>21 TO 28)
6.00	VERY HIGH (>28 to 35)
7.00	REALLY HIGH (>35 to 50)
8.00	REALLY really HIGH (OVER 50)

**MENGRPS** ALL MALE DRINKING

1.00 NEVER OR EX DRINKER  
2.00 LESS THAN 1 UNIT  
3.00 LOW 1-10 UNITS  
4.00 MODERATE 10-21  
5.00 FAIRLY HIGH 21-35  
6.00 HIGH 35-50  
7.00 VERY HIGH OVER 50

**WMNGRPS** ALL FEMALE DRINKING CATEGORIES

1.00 NEVER OR EX DRINKER  
2.00 LESS THAN 1 UNIT  
3.00 LOW 1-7  
4.00 MODERATE 7-14  
5.00 FAIRLY HIGH 14-21  
6.00 HIGH 21-35  
7.00 VERY HIGH OVER 35

**WMNSEN1** Womens sensible drinking levels

**MENSEN1** Mens sensible drinking levels

**DRINKER** Drinker or non-drinker

1.00 drinker  
2.00 non-drinker

**PHYSNI** Physical weight

**Pregn** Can I check, are you pregnant at the moment?

**Pills** Are you taking or using any medicines, pills, ointments, puffers or injections prescribed for you by a doctor?:

**Names** Could I take down the names of the medicines, including tablets, syrups, ointments, puffers or injections, prescribed for you by a doctor?  
ENTER DETAILS FOR EACH DRUG IN GRID BELOW ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN

**HowMany** PLEASE ENTER TOTAL NUMBER OF DRUGS LISTED ON THE NURSE SCHEDULE

**BrandNm** RECORD BRAND NAME IN BLOCK CAPITALS

**BNFCode** RECORD BNF CODE:

**TakeSev** Have you taken or used this drug in the last 7 days?

**Cuff** SELECT CUFFRECORD CUFF SIZE CHOSEN:  
(SAdult Small Adult (17-25 cm),  
Adult Adult (23-33 cm),  
LAdult Large adult (31-40 cm),  
ELAdult Extra large adult (38-50 cm));

**AirTemp** ENTER AMBIENT AIR TEMPERATURE

**MAP** TAKE THREE MEASUREMENTS FROM RIGHT ARM AND RECORD BELOW:  
RECORD MAP (mmHg)

**SYSTOL** RECORD SYSTOLIC (mmHg)

**PULSE** RECORD PULSE (bpm)

**DIATOL** RECORD DIASTOLIC (mmHg)

**MAP2** TAKE THREE MEASUREMENTS FROM RIGHT ARM AND RECORD BELOW:  
RECORD MAP (mmHg)

**SYSTOL2** RECORD SYSTOLIC (mmHg)

**PULSE2** RECORD PULSE (bpm)

**DIATOL2** RECORD DIASTOLIC (mmHg)

**MAP3** TAKE THREE MEASUREMENTS FROM RIGHT ARM AND RECORD BELOW:  
RECORD MAP (mmHg)

**SYSTOL3** RECORD SYSTOLIC (mmHg)

**PULSE3** RECORD PULSE (bpm)

**DIATOL3** RECORD DIASTOLIC (mmHg)

**NCheck4** NURSE CHECK - BP MEASUREMENT OBTAINEDNOT OBTAINED::  
(Three Three valid readings,  
Two Two valid readings,  
One One valid reading,  
Attempt Blood pressure measurement attempted but NOT  
obtained,  
NoAttem Blood pressure measurement not attempted,  
Refused Blood pressure measurement refused);

**WhyBlood** RECORD WHY READING NOT OBTAINEDNOT ATTEMPTEDREFUSED  
ONE OR TWO READINGS OBTAINED  
CODE ALL THAT APPLY:SET OF  
(Upset Respondent was upset\anxious\nervous,  
Err Error 844 reading,  
Other);

**OthBlood** GIVE FULL DETAILS

**NCheck6** NURSE CHECK - RECORD READINGS OBTAINED:  
(One One or two readings obtained,  
NotAtt Blood pressure measurement not attempted,  
attempted NOT obtained or refused);

**Cons** CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET:  
(Continue);

**Prob** RECORD ANY PROBLEMS TAKING READINGS CODE ALL THAT APPLY:  
(No NO problems taking blood pressure,  
LeftArm Reading taken on left arm because right arm not  
suitable,  
Upset Respondent was upsetanxiousnervous,  
OthProb Other problems);

**OthProbm** GIVE FULL DETAILS:

**GP** OBTAINING CONSENT TO SEND RESULTS TO GP  
Are you registered with a GP?

**ReadGP** May we send your blood pressure readings to your GP?

**Refuse 1-4** SPECIFY REASON FOR REFUSAL CODE ALL THAT APPLY:SET OF  
(Never Hardlynever sees GP,  
Knows GP knows respondent's BP level,  
No Does not want to bother GP,  
OthRes Other);

**OthResn** GIVE FULL DETAILS

**Cons1** CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET:

**ResGP** COMPLETE BLOOD PRESSURE TO GP CONSENT FORM (ADULT 16+)  
(FORM BP (A)) ASK RESPONDENT TO READ, SIGN AND DATE IT  
CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON  
CONSENT FORM CHECK NAME BY WHICH GP KNOWS RESPONDENT  
CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET:

**PresOb** OFFER BLOOD PRESSURE RESULTS TO RESPONDENT ENTER ON THEIR  
MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD  
IF REQUIRED)

**NCheck7** NURSE CHECK RESPONDENT IS...?:  
(Age65 Aged 65+,  
Age64 Aged 16-64);

**LenArm** I would now like to measure the length of your arm. Like  
height it is an indicator of size  
MEASURE DEMI-SPAN ON RIGHT ARM TO THE NEAREST MM  
  
1st (measurement)(cms):0.00..200.0 ;

**FirstM** Is the first measurement reliable?

**NoFirst** 2nd (measurement)(cms):0.00..200.0 ;

**SecondM** Is the second measurement reliable?

**NCheck8** NURSE CHECK WAS...:  
(Both Both measurements obtained,  
OnlyOne Only one measurement obtained,  
BothRef Both measurements refused,  
NotAttep Measurement not attempted);

**ResnRef** GIVE REASON FOR REFUSAL MEASUREMENT NOT ATTEMPTED:  
(Straight Cannot straighten arm,  
OthReas Other);

**OthReasn** GIVE FULL DETAILS

**NCheck9** NURSE CHECK: Demi-span was measured with the respondent:  
CODE ALL THAT APPLY:SET OF  
(StandWal Standing against the wall,  
NotStand Standing NOT against the wall,  
Sitting,  
Lying Lying down,  
LeftArm Demi-span measured on left arm due to  
Unsuitable right arm);

**NCheck10** WRITE RESULTS OF DEMI-SPAN MEASUREMENT ON RESPONDENT'S MEASUREMENT RECORD CARD:(Continue);

**Ncheckhw** NURSE CHECK Are height and weight part of your measurement responsibilities?

**HEIGHT1** I would now like to measure your height and weight.  
There is interest in how people's weight, given their height, is associated with health and other aspects of their daily lives.  
Please enter if height is measured :  
(YesM Yes height is measured,  
NRef No refused to be measured,  
NAtt Not attempted to be measured);

**HEIGHT2** Please enter height of person in centimetres  
MEASURE HEIGHT AND ENTER : 0.0..300.0;

**HREFUSE** Please give reasons for refusal

**REASON 0-4** Why was height measurement not attempted?  
(Unstead Respondent were unsteady on their feet,  
Cstand Respondent could not stand upright,  
ChairB Respondent was chairbound,  
Other1 Some other reason);

**OTHER** If other give reason here. :

**HEIGHT3** Were any problems experienced measuring height:  
(NOP No - reliable measurement,  
Rel Problems - but Reliable,  
Srel Problems - Slightly reliable,  
Unrel Problems - Unreliable);

**WEIGH1** Enter if weight is measured.  
(YesM Yes weight is measured,  
NRef No refused to be measured,  
NAtt Not attempted to be measured);

**WEIGH2** Enter weight of person in kilograms : 0.0..250.0;

**WREFUSE** Give reasons for refusal, if any given.

**WREASON 0-3** Ring reason for not attempting weight?  
(Unstead Respondent is unsteady on feet,  
Cstand Respondent cannot stand upright,  
Chairb Respondent is chairbound,  
Other1 Some other reason);

**OTHER** If other give reason.

**SCALES 0-2** Which of these surfaces were the scales placed on?  
(Uneven Uneven floor,  
Carpet Carpeted surface,  
Neither Neither of these);

**WEIGH3** Were there any problems experienced in taking the weight  
(NOP No - reliable measurement,  
REL Problems - but Reliable,  
SREL Problems - Slightly reliable,  
UNREL problems - Unreliable);

**MEASU1** I would now like to measure your waist and hips.  
The waist relative to hip measurement is very useful  
for assessing the distribution of weight over the body.

Enter first waist circumference in centimetres  
to the nearest millimetre. : 0.0..200.0;

**HIP1** Please enter first hip circumference in centimetres  
to the nearest millimetre. : 0.0..200.0;

**MEASU2** Enter second waist circumference in centimetres  
to the nearest millimetre. : 0.0..200.0;

**HIP2** Please enter second hip circumference in centimetres  
to the nearest millimetre. : 0.0..200.0;

**NURSEC** NURSE CHECK  
(BothOb Both measurements obtained,  
OneOnly Only one measurement obtained,  
BothRe Both measurements refused,  
NotAtt Measurements not attempted);

**HREASON** Give reasons for refusal, not attempting or why only one  
measurement is obtained.  
(ChairB Respondent is chairbound,  
OtherR Some other reason);

**EXCUSE** Give other reason

**WAIST1** Were any problems experienced in measuring the waist?  
(NOP NO - reliable waist measurement taken,  
REL Problems - but Reliable,  
SLREL Problems - Slightly reliable,  
UNREL Problems - Unreliable,  
NONEOB No waist measurement obtained);

**PROB2** Record whether problems experienced are likely to increase  
or decrease the waist measurement.  
(INCR Increases measurement,  
DECR Decreases measurement);

**HIP3** Were any problems experienced in measuring the hip?  
(NOP NO - reliable waist measurement taken,  
REL Problems - but Reliable,  
SLREL Problems - Slightly reliable,  
UNREL Problems - Unreliable,  
NONEOB No hip measurement obtained);

**PROB4** Record whether problems experienced are likely to increase  
or decrease the hip measurement.  
(INCR Increases measurement,  
DECR Decreases measurement);

**OFFER** Offer to write results of waist and hip measurements,  
where applicable, onto respondent's measurement record  
card

**NCheck11** NURSE CHECK: RESPONDENT IS...:  
(Aged16 Aged 16-17,  
Aged18 Aged 18+);

**NCheck12** NURSE CHECK: RESPONDENT...:  
 (Lives Lives with parent or person with legal parental  
 responsibility ('parent'),  
 NOTlive Does NOT live with parent or person with legal  
 parental responsibility ('parent'));

**Clot** EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD  
 May I just check, do you have a clotting or bleeding  
 disorder?

**Sample** Would you be willing to have a blood sample taken?

**SamRef** RECORD WHY BLOOD SAMPLE REFUSED  
 CODE ALL THAT APPLY:SET OF  
 (Venepunc Previous difficulties with venepuncture,  
 Fear Dislikefear of needles,  
 Health Respondent recently had bloodhealth check,  
 Refused Refused because of current illness,  
 HIV Worried about HIV or AIDS,  
 OthRef Other);

**OthRef1** GIVE FULL DETAILS

**WritCons** EXPLAIN NEED FOR WRITTEN CONSENT  
 Before I can take any blood, I have to obtain written  
 consent from you:(Continue);

**NCheck13** NURSE CHECK: RESPONDENT IS...:  
 (Age Aged 16-17,  
 Age2 Aged 18+);

**ParCons** IS A PARENT OR PERSON WITH LEGAL PARENTAL RESPONSIBILITY  
 WILLING TO GIVE CONSENT?

**NoCons** RECORD DETAILS OF WHY CONSENT REFUSED

**NCheck14** FILL IN RESPONDENTS NAME AND YOUR NAME AT TOP OF FORM BS IN  
 CONSENT BOOKLET ASK RESPONDENT TO READ, SIGN AND DATE PART1  
 IF RESPONDENT IS 16 - 17, ENSURE PARENT('PARENT') ALSO  
 SIGNS CIRCLE CONSENT CODE 03 ON THE FRONT OF THE CONSENT  
 BOOKLET:(Continue);

**NCheck15** NURSE CHECK: THE RESPONDENT IS...:  
 (RegGP Registered with GP,  
 NotReg NOT registered with GP);

**SampGP** May we send the results of your blood sample analysis to  
 your GP?

**NotSamp 0-3** Why do you NOT want your blood sample results sent to  
 your GP? CODE ALL THAT APPLY:SET OF  
 (Never Hardlynever sees GP,  
 Knows GP knows respondent's BP level,  
 No Does not want to bother GP,  
 OthBS Other);

**OthBSR** GIVE FULL DETAILS

**NCheck16** CIRCLE CONSENT CODE 06 ON FRONT OF CONSENT BOOKLET:



**NCheck17** OBTAIN SIGNATURE FOR PART II OF BLOOD SAMPLE CONSENT FORM  
IF RESPONDENT IS 16 - 17, ENSURE PARENT('PARENT') ALSO  
SIGNS

**Consent** ASK FOR CONSENT TO STORE ANY REMAINING BLOOD FROM THE  
SAMPLE FOR FUTURE ANALYSIS:  
(ConGiven           Storage consent given,  
  ConRefd           Consent refused);

**NCheck18** OBTAIN SIGNATURE AT PART III OF BLOOD SAMPLE CONSENT FORM  
IF RESPONDENT IS 16 - 17 ENSURE PARENT('PARENT') ALSO SIGNS

CIRCLE CONSENT CODE 07 ON FRONT OF CONSENT BOOKLET:  
(Continue);

**NCheck19** CIRCLE CONSENT CODE 08 ON FRONT OF CONSENT BOOKLET:

**NCheck20** TAKING BLOOD SAMPLE CHECK YOU HAVE ALL APPLICABLE  
SIGNATURES

**NCHK20B** TAKE BLOOD SAMPLE: FILL 2 tubes

CODE IF TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):YESNO;

**BlodOut** BLOOD SAMPLE OUTCOME::  
(Obtain            Blood sample obtained,  
  NotObt           NO blood sample obtained);

**WhichArm** RECORD WHICH ARM BLOOD TAKEN FROM:  
(Right,  
  Left);

**BlodPro 0-6** RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE:  
CODE ALL THAT APPLY:SET OF  
(None            NO problem,  
  Incomp        Incomplete sample,  
  PoorVein      Collapsingpoor veins,  
  SecAttem      Second attempt necessary,  
  Faint         Some blood obtained, but respondent felt  
                faintfainted,  
  Unable        Unable to use tourniquet,  
  OthBProb      Other);

**OtherPbl** GIVE FULL DETAILS

**NoBlood 0-3** RECORD REASON WHY NO BLOOD WAS OBTAINED  
CODE ALL THAT APPLY:SET OF  
(NotSuit        No suitable or no palable veincollapsed veins,  
  Anxious       Respondent was too anxiousnervous,  
  Fainted       Respondent felt faintfainted,  
  OthRsn        Other);

**OtherRn** GIVE FULL DETAILS

**NCheck21** CROSS OUT CONSENT CODES 03, 05 AND 07 IF ALREADY CIRCLED ON  
FRONT OF CONSENT BOOKLET REPLACE WITH CONSENT CODES 04, 06,  
08 AND 10 ON FRONT OF CONSENT BOOKLET:(Continue);

**SamObt** Would you like to be sent the results of your blood sample  
analysis?

<b>consbp</b>	SUMMARY OF CONSENTS - BLOOD PRESSURE: Blood presure to GP ?
<b>consbld</b>	SUMMARY OF CONSENTS - SAMPLE OF BLOOD: Sample of blood to be taken ?
<b>consblgp</b>	SUMMARY OF CONSENTS - BLOOD SAMPLE RESULTS TO GP: Blood sample results to GP ?
<b>constore</b>	SUMMARY OF CONSENTS - BLOOD STORAGE: Blood presure for storage ?
<b>consresp</b>	SUMMARY OF CONSENTS - BLOOD SAMPLE RESULTS TO RESPONDENT: Blood sample results to GP
<b>SYSTOT</b>	Systolic blood pressure
<b>DIATOT</b>	Diatolic blood pressure
<b>SYSTGP</b>	LEVEL OF SYSTOLIC BLOOD PRESSURE
	1.00      NORMAL
	2.00      MILDLY RAISED
	3.00      MODERATELY RAISED
	4.00      CONSIDERABLY RAISED
<b>DIATGRP</b>	LEVEL OF DIASTOLIC BLOOD PRESSURE
	1.00      NORMAL
	2.00      MILDLY RAISED
	3.00      MODERATELY RAISED
	4.00      CONSIDERABLY RAISED
<b>BMI</b>	Body Mass Index
<b>BMIGRP</b>	BODY MASS INDEX GROUPINGS
	1.00      20 AND UNDER
	2.00      21-25
	3.00      26-30
	4.00      OVER 30
<b>FAT</b>	CHOLESTEROL LEVEL
	1.00      DESIRABLE RANGE, <5.2
	2.00      MILDLY RAISED, 5.2, <6.5
	3.00      MODERATELY RAISED, 6.5, <7.8
	4.00      SEVERELY RAISED, 7,8+
<b>ISCHD</b>	Ischaemic heart Disease; Angina or Heart Attack
	.00      no IHD
	1.00      Ischaemic disease
<b>CVDEASE</b>	Cardiovascular Disease; Angina, Heart Attack or Stroke
	.00      no CVD
	1.00      cardio disease

<b>SELFPER</b>	self perception of height
1.00	WEIGHT A LOT LESS THAN SHOULD
2.00	WEIGHT A LITTLE LESS THAN SHOULD
3.00	WEIGHT JUST ABOUT RIGHT
4.00	WEIGHT A LITTLE MORE THAN SHOULD
5.00	WEIGHT A LOT MORE THAN SHOULD
<b>TEETOT</b>	all respondents drinking
1.00	never
2.00	used to
3.00	up to 7 units
4.00	7-14 units
5.00	14-21 units
6.00	21-28 units
7.00	28-35 units
8.00	over 35
<b>NSMOK1</b>	cigarette smokers
1.00	cigarettes
<b>SYSTGP1</b>	LEVEL OF SYSTOLIC BLOOD PRESSURE
1.00	less than 120
2.00	120, less than 140
3.00	140, less than 160
4.00	160 and over
<b>DIATGRP1</b>	LEVEL OF DIASTOLIC BLOOD PRESSURE
1.00	less than 60
2.00	60, less than 80
3.00	80, less than 100
4.00	100 and over
<b>BMIGRP1</b>	BODY MASS INDEX GROUPINGS
1.00	less than 20
2.00	20, less than 25
3.00	25, less than 30 (overweight)
4.00	30+ (obese)
<b>DIATGRP2</b>	LEVEL OF DIASTOLIC BLOOD PRESSURE
1.00	less than 60
2.00	60, less than 80
3.00	80, less than 90
4.00	90 and over
<b>ILLNESS</b>	introduction to illnesses
<b>ILLNESS1</b>	circulatory illnesses
1.00	circulatory
<b>ILLNESS2</b>	diabetes
2.00	diabetes

**ILLNESS3**    asthma

3.00        asthma

**ILLNESS4**    no illnesses

4.00        none

**PASS1**        Passive smoking experienced at home

**PASS2**        Passive smoking experienced at work

**PASS5**        Other

**PASS3**        Passive smoking experienced while visiting friends

**PASS4**        Passive smoking experienced during leisure time

**DEATH11**     Hypertension

## DERIVED VARIABLE LIST

<b>MSTAT1</b>	Marital Status - 4 band
	1.00 Single/Never Married
	2.00 Married/Living Together
	3.00 Separated/Divorced
	4.00 Widowed
<b>DEATH25</b>	Obese
<b>DEATH26</b>	High cholesterol
<b>HYP1</b>	Hypertensive
<b>CLASS</b>	socio-economic groups
	1.00 Professional + managerial
	2.00 Skilled nonman
	3.00 Skilled man
	4.00 Partly skilled
	5.00 Unskilled
<b>AGEGRP2</b>	two age groups
	1.00 44 or less
	2.00 45 or over
<b>AGEBAND1</b>	Age band of respondent
	1.00 16 - 44
	2.00 45 - 64
	3.00 65+
<b>JOIN</b>	sore joints upper body
	1.00 Yes
	2.00 No
<b>JOIN1</b>	sore joints lower body
	1.00 Yes
	2.00 No
<b>JOINT</b>	sore joints
	1.00 Yes
	2.00 No
<b>ACTIV9</b>	employment status
<b>REV9</b>	Number of risk factors in groups
	1 No more than one
	2 Two risk factors
	3 Three or more factors

**REV10**      Number of risk factors in groups

1	None
2	One risk factor
3	Two risk factors
4	Three or more factors

**TIMEPASS**    Time spent passive smoking.

1	Every day
2	At least one hour per week
3	Less often than once a week

**ACTIVE4**      Employment status

1	employed
2	unemployed
3	inactive (<66 years)
4	inactive (>65 years)

**REV11**      Number of risk factors in groups

1	None
2	One risk factor
3	Two risk factors
4	Three or more factors

**GHQ12FIN**      GHQ12 score in groups

0	Happy
1	Not Depressed
2	Depressed

**SUPPBAND**      Social support score in bands

100	1 -17 Severe Lack
200	18 - 20 Some Lack
300	21 No Lack

**CAREBAND**      Code respondent as a carer or non-carer

1.00	Carer
2.00	Non - carer

**MSTA**      MARITAL STATUS

1.00	Single
2.00	Married cohab
3.00	Sep Div
4.00	Widowed

**SMKSTAT**      smoking status

1.00	ex non
2.00	1-19
3.00	20+

<b>MENGRP5</b>	Mens drinking status
1.00	Ex non drink
2.00	LOW (0 TO 10 UNITS)
3.00	MODERATE (>10 TO 21 UNITS)
4.00	FAIRLY HIGH (>21 TO 50)
5.00	HIGH (Over 50)
<b>WMNGRP5</b>	Womens drinking status
1.00	Ex non drink
2.00	LOW (0 TO 7 UNITS)
3.00	MODERATE (>7 TO 14 UNITS)
4.00	FAIRLY HIGH (>14 TO 35)
5.00	HIGH (Over 35)
<b>RFEALCO</b>	Revised female alcohol units
<b>RELRESP</b>	Religion of selected respondent
1.00	Catholic
2.00	Protestant
<b>CURRCIG</b>	Current cigarette smokers
1.00	Current cigarette smoker
2.00	Other, Ex and Non smokers

**NORTHERN IRELAND  
HEALTH AND WELLBEING SURVEY**

**INTERVIEWER INSTRUCTIONS**



## CONTENTS

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6. Introducing the survey
7. Liaising with your nurse partner
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## **1. BACKGROUND AND AIMS**

The Northern Ireland Health and Social WellBeing Survey is the first of in a series of surveys commissioned by the Department of Health and Social Services and the Northern Ireland Health Boards. It is planned to repeat the survey every 3 years. The survey's objective is to monitor trends in the population's health over time. It is very similar to the Health Survey for England which began in 1991 and is repeated every year.

The Regional Strategy for N.I. Health and Personal Social Services (1991) set out key health targets in a number of areas. The aim in setting these targets is to increase people's life expectancy and to improve the quality of their lives. It was recognised that a health strategy for improving life quality involved a variety of approaches, designed not only to reduce the amount of ill-health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate the effects of ill health.

Little systematic information has hitherto been available about the state of the population's health, or about the factors that affect it. There are statistics on the number and causes of deaths. Other statistics (such as hospital admissions) are derived from people's contacts with the National Health Service, but these statistics are concerned only with very limited aspects of health. For example, they are likely to record the particular condition treated rather than the overall health of the patient. While information is also available from other sources, such as surveys, it tends to deal with specific problems, not with overall health. Wider-ranging surveys fail to provide measures of change over time.

We therefore do not have a clear picture of the health of the Northern Ireland population as a whole, or of the way it may be changing. It has not been possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

Good information is vitally needed for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. Consequently, the Department of Health and Social Services and the Regional Health Boards decided that a major health survey should be carried out in order to monitor the country's state of health so that trends over time could be noted and appropriate policies planned.

The Health and Social WellBeing Survey is that survey. It will play a key role in ensuring that health planning is based on reliable information. As well as monitoring the effectiveness of government policies and the extent to which targets are achieved, the survey will be used to help plan NHS services to meet the health needs of the population.

## **2. THE SURVEY**

The Northern Ireland Health and WellBeing Survey is a large survey, involving interviews with approximately 5000 households. Fieldwork is over a four month period and will include approximately 1,600 nurse visits to collect physical measurements.

This is the first in a series of surveys, which are planned to be repeated every three years. The survey is being carried out by the Central Survey Unit on behalf of the Department of Health and Social Services and the Health Boards. The survey will focus on a range of different health issues each time it is carried out, with topics repeated at suitable intervals to monitor changes over time. One of the issues studied by the Survey is cardiovascular disease. Cardiovascular disease

(including heart attacks and strokes) is the largest single cause of death in Northern Ireland. Even when it does not kill, it brings ill-health and disability to thousands of people every year.

Cardiovascular disease is thus an issue of great importance. It is also an issue that lends itself to study in a survey because there are a number of measurable indicators of cardiovascular conditions, and specific factors that put people at increased risk. Action can be taken to reduce risk levels.

## **SUMMARY OF SURVEY PURPOSE**

The aim of the survey is to provide a baseline against which future trends in health can be measured. Specific aims include:

- estimating the proportion of adults in Northern Ireland who have particular health conditions
- estimating the prevalence of certain risk factors associated with these conditions, and looking at the extent to which combinations of risk factors are found
- examining the variation in risk factors between population sub-groups.

This will help to:

- inform policy on preventive and curative health
- monitor change overall and among certain groups
- monitor progress towards the health targets set in the "Regional Strategy for NI Health and Personal Social Services, 1992-97".

## **3. SUMMARY OF THE SURVEY DESIGN**

### **3.1 Survey Design**

The Health and WellBeing Survey is a survey of people aged 16 and over living in private residential accommodation in Northern Ireland. The sample of approximately 5,000 addresses has been selected from the Valuation and Lands Agency list of addresses.

There are two parts to the survey: an interviewer-administered questionnaire using CAPI (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample on one selected respondent (Stage 2). The selection of one respondent for the physical measures takes place once the household grids are completed. Therefore every effort must be made to obtain an interview with this person, as physical measures can only be carried out on this person if a completed interview (not a proxy) is achieved. Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. (In England, response to a similar survey has been very high at both stages, and we expect this to apply equally in Northern Ireland.)

The nurse and one or more interviewers will work together as a team to complete a list of addresses which they will be allocated each month.

An advance letter will be sent to each address explaining briefly the survey and its purpose. Two other information leaflets to be given out by the interviewer and the nurse provide the respondent with greater detail.

### **3.2 The interviewer visit**

The interviewer will attempt to interview each person aged 16 and over in the household. Particular effort will need to be made to obtain an interview with the respondent selected for the physical measures. The following topics are covered:

- General health*
- Lifetime incidence of common conditions*
- Disabilities*
- Use of the health services*
- Stress*
- SF36*
- GHQ12*
- Social Support*
- Smoking and Drinking*
- Caring for Others*
- Child difficulties/disabilities*
- Parent problems*
- General background information*

The second stage of the survey is then introduced - the visit by a nurse to ask a few more questions and to carry out some more measurements.

### **3.3 The nurse visit**

The second stage of the survey is carried out by a qualified nurse. The nurse calls on the respondent in their home and asks a few questions about prescribed medicines that are being taken and carries out blood pressure measurements. If the respondent wishes to be given the results of these measurements, the nurse enters the information onto their Measurement Record Card.

The nurse will then ask for written permission to take a small blood sample (normally 8ml). The sample is sent for analysis to the Royal Hospital laboratory. With the respondent's permission the results of the blood test and blood pressure will be sent to their GP. The respondent can also receive their blood test results, if they request it.

#### 4. **SURVEY MATERIALS**

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have received the following supplies.

##### **Nurse related documents**

Appointment Record Card  
Copy of nurses Stage 2 purpose leaflet

##### **Interview documents**

Advance letter  
Purpose Leaflet (stage 1)  
Show cards for respondents  
Police forms

#### 5. **NOTIFYING THE POLICE**

You, as the interviewer, are responsible for notifying the police in your area about the work both you **and** your nurse partner will be undertaking on this survey. You will need to obtain all the relevant details from your nurse partner (eg make and registration number of car).

## **6. INTRODUCING THE SURVEY**

The response rate achieved so far in the Health Survey for England has been very good, and we expect the response in Northern Ireland to be equally high.

People are interested in health and are concerned about it. This is a high profile survey on a topical issue.

## 7 LIAISING WITH YOUR NURSE PARTNER

You are responsible for making appointments for the nurse. To do this, you will need to be in close contact with your nurse partner so that you know when s/he is available to visit. You have both been given an Appointment Diary covering the relevant survey period. Go through this together before you start work. Note **carefully** the days and times on which the nurse is available to make a visit. If you get this wrong, you will not only probably lose the respondent but you will irritate your nurse. You will need to liaise frequently in order to update this information.

Ideally you will provide the nurse with an even spread of work and minimise the number of visits he or she has to make to the area. But of course this might not always be possible.

Allow at least for a nurse visit. You will know how long a nurse will need to get from one address to another if you are making appointments on the same day. Do **not** underestimate these times - otherwise this will cause problems to both nurses and respondents.



## THE QUESTIONNAIRE

### 8.1 OVERALL STRUCTURE OF QUESTIONNAIRE

#### Description

Household grid  
General h/hold details  
General health  
Lifetime incidence of common conditions  
Disabilities  
Use of health services  
Stress  
SF36  
GHQ12  
Social support  
Smoking  
Drinking  
Diet  
Caring  
Child disability  
Parenting problems  
Classification questions  
Consent to nurse visit

### 8.1 HOUSEHOLD GRID

#### *Name*

Record the first name only.

#### *Age*

Children less than 1 year should be recorded as 00.

### 8.2 INCIDENCE OF COMMON CONDITIONS

#### *Blood*

Doctors may use a variety of euphemisms to describe high blood pressure, so code as "higher than normal" anything such as slightly raised, moderately raised, a little high etc.

We are only interested in blood pressure measurements taken by a doctor or nurse. We do not want to know if people had their blood pressure taken by eg a fitness assessor at the sports centre, a machine at the chemist, a physiotherapist, a dietician, or any self-testing. It is only medical testing in which we are interested.



***DocTold***

At these questions we are trying to find out whether the condition was medically diagnosed. If the respondent had the condition diagnosed when still a small child, then it might be the respondent's parents who were informed of the diagnosis rather than the actual respondent. This should still be coded "Yes".

***Pasttrob etc.***

Refers to the actual condition or event, not to after effects. Angina and other heart trouble is counted as continuing during the previous 12 months if the person has had the symptoms or if they have continued to have treatment for the condition.

***Whystop***

If the respondent has stopped taking medication on several occasions, take the last occasion. It is known that many people do not take medicines that are prescribed for them. First, be sure who decided that the respondent should stop (a medical advisor or the respondent) and then code why.

***Pastpain***

If the respondent questions what is meant by 'severe' back pain, say: "Have you had back pain that you felt was severe during the past 12 months".

***All***

Here again the informant must decide if a pain, swelling or stiffness is important enough to mention. *Doesit* sorts out those who have the most limiting problems.

**8.3 DISABILITY*****Condit and condit1***

Get as much detail as you can about what has caused the disability. If there is more than one cause and more than one kind of disability, indicate what disability is related to what cause.

***Hss***

This should include any adaptations which have been carried out and any which have not been carried out. It refers only to recommendations made since you moved in.

**8.4 USE OF SERVICES*****Gptalk***

Talking to a doctor can mean seeing him/her (at home, at the surgery etc) or speaking to him/her on the telephone. Enter details only if the respondent actually talked to the doctor - but exclude social chats with a doctor who happens to be a friend or relative. Include talking to a doctor at a district health authority clinic (eg a family planning clinic) or talking to a doctor while abroad.

***OutPyr***

This asks about any visit to a hospital, where the respondent did not stay overnight. Include any visits to any hospitals or clinics (eg for psychiatric treatment, for minor operations, to a private hospital or clinic, or abroad). If the respondent was taken to Casualty and kept in overnight, record at *Inpayr* and not *Outpayr*.

***InPayr***

An in-patient stay must be for at least one night.

***StTest***

If the respondent asks what is meant by 'regularly', ask them if they think they have their eyes tested regularly.

## **8.5 SF36, GHQ12, AND SOCIAL SUPPORT**

These are standard sets of questions which have to be asked in this form. They are designed for self-completion. Use the example questions to show the respondent how to complete these sections on the computer. If the respondent is having any difficulty in answering or does not understand a question, just ask him/her to choose the answer that is closest to being true for him/her.

If the respondent prefers not to use the computer, explain that he/she can use the answer booklet instead. Show the examples and read out the question number and ask the respondent to tell you the number next to his/her chosen answer. The questions are numbered so you can take the respondent through the booklet question by question. If the respondent is using the computer and gets tired of it part-way through, you may switch to using the booklet.

Only as a last resort should you ask the questions out loud, for example, if the respondent cannot see to read them. In such a situation you will be asked to give the reason a self-completion method was not used.

## 8.6 SMOKING

All except 16-17 year olds are routed to this section. 16-17 year olds complete questions about smoking and drinking by self-completion on the computer.

Smoking is an important risk factor in cardiovascular disease - and the section on smoking will enable us to examine the relationship between smoking patterns, cardiovascular symptoms and use of services. The data collected here will allow us to discover what proportion of the population is exposed to this risk factor, and how it relates to other risk factors such as heavy drinking, or high blood pressure.

It will also allow us to monitor over time whether smoking habits change.

Avoid reminding respondents of the health risks of smoking in case it biases their replies.

We are interested in looking at ordinary tobacco which is smoked. Ignore any references to snuff, chewing tobacco or herbal tobacco. Include hand rolled cigarettes.

By ever smoked, we mean even just once in their life.

## 8.7 DRINKING BEHAVIOUR

Again those aged 16-17 have to complete the self-completion section.

We are only interested in alcoholic drinks - not in non-alcoholic or low alcohol drinks. Make sure that the respondent is aware of this. This is why we exclude canned shandy (which is very low in alcohol). However, shandy bought in a pub or made at home from beer and lemonade does have a reasonable alcohol content and so is included.

We are interested in the frequency of drinking all types of drink in a category - so if someone says that they drink gin once a month, vodka three or four times a week and bacardi breezers etc, now and again, ask them to tell you how often they drink any kind of spirit.

If the respondent says the amount they drink varies greatly, ask them to think of the amount they would drink most often.

Again, the amount refers to the whole group of drinks, not to a particular drink within a group.

Spirits are recorded in singles. A 'nip' or a 'tot' should be treated as singles. If the answer is a 'glass' of spirit you will be able to check using the show card how many singles the person is drinking. A normal bottle contains 20 singles, half a bottle contains 10 singles.

For wine the answer is in glasses:

A carafe or 70cl standard bottle	=	06 glasses
Half a bottle	=	03 glasses
1/3 or 1/4 bottle	=	02 glasses
Litre bottle	=	08 glasses
Half a litre bottle	=	04 glasses
1/3 of a litre bottle	=	03 glasses
1/4 of a litre bottle	=	02 glasses

Sherry is usually drunk in small glasses, but if it is drunk in schooners this counts as two glasses. 1 bottle of fortified wine is 14 small glasses.

Alcoholic lemonades etc should be coded as other type of drink.

## 8.8 DIET

Diet is an important risk factor in cardiovascular disease. For instance, high fat intake can increase levels of cholesterol in the blood, which increases the chance of getting heart disease. In this survey we do not ask detailed questions about what people actually eat. To obtain sufficient detail on diet would require a separate survey on diet alone. However, to get a general overview we are asking questions which focus on a few indicators of "healthy" versus "less healthy" eating habits.

As far as possible avoid mentioning the risks of eating less healthily in case it biases the replies. If asked about the purpose of the section, say that there is a lot of discussion about the effect of diet on health, and that we are interested to see what effect this discussion is having on people's eating habits.

## **8.9 CARING**

### ***Anysick***

Do not include people looking after someone who is temporarily sick but, if in doubt, code as YES and continue with the section.

### ***Liveout***

Do not include professional caring

## **8.10 CHILD DISABILITY AND PARENTING**

These sections should be asked of the person best able to answer questions about the children in the household, often the children's mother. If that person is not available when you first call and if there is some doubt that you will be able to interview her/him, complete the section with another adult, such as the father, or another responsible adult (at least 20 years old). You should be able to judge if this person could complete the section.

But if you are able to interview the most appropriate person later, complete the section with him/her. If necessary, explain that you are going through the section again because they might be able to answer questions about the children a bit more easily than the first.

**NORTHERN IRELAND  
HEALTH AND SOCIAL WELLBEING SURVEY**

**NURSE INSTRUCTIONS**

## **Contents:**

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2. The survey
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## **THE PROTOCOLS**

15. Recording ambient air temperature
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19. Blood sample collection
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## **1. BACKGROUND AND AIMS**

The Northern Ireland Health and Social WellBeing Survey is the first in a series of surveys commissioned by the Department of Health and Social Services. It is planned to repeat the survey every 3 years. The survey's objective is to monitor trends in the population's health over time. It is very similar to the Health Survey for England which began in 1991 and is repeated every year.

The Regional Strategy for N.I Health and Personal Social Services (1991) set out key health targets in a number of areas. The aim in setting these targets is to increase people's life expectancy and to improve the quality of their lives. It was recognised that a health strategy for improving life quality involved a variety of approaches, designed not only to reduce the amount of ill-health (through high quality health services, healthier lifestyles and improved physical and social environments) but also to alleviate the effects of ill health

Little systematic information has hitherto been available about the state of the population's health, or about the factors that affect it. There are statistics on the number and causes of deaths. Other statistics (such as hospital admissions) are derived from people's contacts with the National Health Service, but these statistics are concerned only with very limited aspects of health. For example, they are likely to record the particular condition treated rather than the overall health of the patient. While information is also available from other sources, such as surveys, it tends to deal with specific problems, not with overall health. And even the wider-ranging surveys fail to provide measures of change over time.

We therefore do not have a clear picture of the health of the Northern Ireland population as a whole, or of the way it may be changing. It has not been possible to say with any certainty whether people are getting generally healthier or less healthy, or whether their lifestyles are developing in ways that are likely to improve or damage their health.

Good information is vitally needed for formulating health policies aimed not only at curing ill-health but also at preventing it. Prevention is, from every point of view, better than cure. Good information is also essential for monitoring progress towards meeting health improvement targets. Consequently, the Department of Health and Social Services and the Regional Health Boards decided that a major health survey should be carried out in order to monitor the country's state of health so that trends over time could be noted and appropriate policies planned.

The Health and Social WellBeing Survey is that survey. It will play a key role in ensuring that health planning is based on reliable information. As well as monitoring the effectiveness of government's policies and the extent to which targets are achieved, the survey will be used to help plan NHS services to meet the health needs of the population.

## **2. THE SURVEY**

The Northern Ireland Health and WellBeing Survey is a large survey, involving interviews with nearly 8,000 adults. Fieldwork is over a four month period from January to April 1996 and will include approximately 1,600 nurse visits to collect physical measurements.

This is the first in a series of surveys, which are planned to be repeated every three years. The survey is being carried out by the Central Survey Unit on behalf of the Department of Health and Social Services and the Health Boards. The survey will focus on a range of different health issues each time it is carried out, with topics repeated at suitable intervals to monitor changes over time. One of the issues studied by the Survey is cardiovascular disease. Cardiovascular disease

(including heart attacks and strokes) is the largest single cause of death in Northern Ireland. Even when it does not kill, it brings ill-health and disability to thousands of people every year.

Cardiovascular disease is thus an issue of great importance. It is also an issue that lends itself to study in a survey because there are a number of measurable indicators of cardiovascular conditions, and specific factors that put people at increased risk. Action can be taken to reduce risk levels.

## **SUMMARY OF SURVEY PURPOSE**

The aim of the survey is to provide a baseline against which future trends in health can be measured. Specific aims include:

- estimating the proportion of adults in Northern Ireland who have particular health conditions
- estimating the prevalence of certain risk factors associated with these conditions, and looking at the extent to which combinations of risk factors are found
- examining the variation in risk factors between population sub-groups.

This will help to:

- inform policy on preventive and curative health
- monitor change overall and among certain groups
- monitor progress towards the health targets set in the "Regional Strategy for NI Health and Personal Social Services, 1992-97".

## **3. ABOUT CSU**

Central Survey Unit (CSU) is currently part of the Northern Ireland Statistics and Research Agency (NISRA) which provides services in social research, statistics and policy analysis to government. NISRA staff are employed in various Northern Ireland government departments, with CSU located in the Department of Finance and Personnel. CSU offers a survey research service to all Northern Ireland government departments and to the wider public sector, and collects information about the circumstances, conditions, behaviour and attitudes of members of the population.

### **3.1 CONTACTS AT CSU**

If you need extra supplies of the blood sample packs or any other supplies such as purpose leaflets, floppy disks etc please contact Sheila or Janice.

If you have any queries or problems with the equipment, the protocols, and the computers, or any other difficulties or concerns please contact Michael.

## **4 THE SURVEY DOCTOR**

A doctor is available to provide nurses with medical support. The "Survey Doctor" will provide all non-emergency back-up to nurses; he will also be available to answer any queries about the protocols, measurements, equipment and blood-taking.

In the rare event that you find you may need medical assistance with one of the respondents (e.g. in cases of severely raised blood pressure), the survey doctor will be available to deal with medical emergencies. Contact details for the doctor are outlined in the section on the the Blood Pressure Protocol.

## **5. SUMMARY OF THE SURVEY DESIGN**

### **5.1 The sample**

The Health and WellBeing Survey is a survey of people aged 16 and over living in private residential accommodation in Northern Ireland. The sample of approximately 3,000 addresses has been selected from the Valuation and Lands Agency list of addresses.

There are two parts to the survey: an interviewer-administered questionnaire using computer-assisted personal interviewing - CAPI (Stage 1), and a visit by a nurse to carry out measurements and take a blood sample (Stage 2). Co-operation is entirely voluntary at each stage. Someone may agree to take part at Stage 1 but decide not to continue to Stage 2. (In England, response to a similar survey has been very high at both stages, and we expect this to apply equally in Northern Ireland.)

The nurse and one or more interviewers will work together as a team to complete a list of addresses which they will be allocated each month.

An advance letter will be sent to each address explaining briefly the survey and its purpose. Two other information leaflets to be given out by the interviewer and the nurse to provide the respondent with greater detail.

### **5.2 The interviewer visit**

The interviewer will attempt to interview each person aged 16 and over in the household. Interviews will be carried out using computerised questionnaires. All interviewers have their own laptop computer. The following topics are covered:

- General health*
- Lifetime incidence of common conditions*
- Disabilities*
- Use of the health services*
- Stress*
- Social Support*
- Smoking and Drinking*
- Accidents*
- Caring for Others*
- Child difficulties/disabilities*
- Psycho-social factors (related to stress and anxiety)*
- Parenting problems*
- General background information*

The second stage of the survey is then introduced - the visit by a nurse to ask a few more questions and to carry out some more measurements. The interviewer arranges an appointment for the nurse to visit a few days later, or if the nurse is making her own appointments, the interviewer will attempt to find out the best time for the nurse to ring the respondent.

### **5.3 The nurse visit**

The second stage of the survey is carried out by a qualified nurse. The nurse calls on the respondent in their home and asks a few questions about prescribed medicines that are being taken and carries out blood pressure, height, weight, hip and waist measurements. If the respondent wishes to be given the results of these measurements, the nurse enters the information onto their Measurement Record Card.

The nurse will then ask for written permission to take a small blood sample (normally 8ml). The sample is sent for analysis to the Royal Hospital. With the respondent's permission the results of the blood test and blood pressure will be sent to their GP. The respondent can also receive their blood test results, if they request it.

Details of how to contact respondents and explain the purpose of the nurse visit are given in Section 10.

## **6. SURVEY MATERIALS**

The following is a list of documents and equipment you will need for this survey. Before starting work, check that you have received the following supplies.

- Nurse Identity Card
- Nurse Record Forms
- Nurse Schedules
- Consent Booklets
- Set of labels for blood sample tubes
- Drug coding booklet
- Appointment Diary
- Broken Appointment Cards
- Information leaflets (Stage 2)
- Measurement Record Cards

### **Equipment**

- Pilot bag checklist
- Dinamap 8100
- Thermometer and probe
- Insertion tape
- Spring Balance
- Vacutainer equipment for blood sample
- Other blood sample equipment - see Protocol for taking blood
- British National Formulary (BNF)

The equipment is described in more detail later in the sections on the measurement protocols.

## **7. NOTIFYING THE POLICE**

The interviewer with whom you will be working is responsible for notifying the police about the survey and for informing them that the two of you will be working in the area. Your interviewer-partner will need to collect some details about your car so that he/she can fill in the necessary details on the letter to be left with the police.

You can then tell respondents that the police know all about the survey. Some respondents find this very reassuring, and some will telephone the police to check that you are a genuine survey worker before agreeing to see you.

## **8. LIAISING WITH YOUR INTERVIEWER PARTNER**

You and your interviewer partners will need to work very closely together, so a good working relationship is essential. In order to help forge this, it is important that you contact each other and have a chat over the telephone, before you start work. The interviewers have been told to make this contact with you to set this up.

The formal lines of communication between you are described in the next section. The informal lines are just as important. It has been stressed that an important part of the interviewer's job is to keep you fully informed about the outcomes of his/her attempts to interview people. We want to minimise the length of time between the interview and your visit. You will therefore need to talk to each other frequently by telephone. **Make sure you let your interviewer know the best times to get in touch with you.**

### **8.1 WHEN THE NURSE MAKES THE APPOINTMENT**

When more than two or three interviewers are working with the same nurse it can become very difficult for the interviewers to find time slots to allocate work to the nurse. It also becomes increasingly difficult to keep each other informed of any changes or problems with available time slots. In this situation it would be better if the nurse organised her own appointments. The interviewer will pass details of the respondent to the nurse including the telephone number. The nurse would then ring the respondents to check when they would be free for the agreed visit and would arrange a visit at a time that suits them both.

To help the nurse contact the respondents the interviewer should attempt to determine when the nurse would be most likely to get the person in. They should also prepare the respondent to expect a call from the nurse to arrange a visit. It might also be useful if the interviewer can provisionally agree what time of the day or what days would be best for the nurse to visit. This may not only be a help to the nurse but might also help a little to prevent the respondent from backing out. You will need to discuss this in more detail with the interviewer.

The interviewers will do everything possible to provide you with an even flow of work and to minimise the number of visits you have to make to an area, but this will be limited by respondent availability. Discuss with the interviewer the time you will need to travel to the area so that he/she can take account of this. Plan together how best to make this appointment system work.

The interviewer is instructed to give you good warning of all nurse visits and will telephone through the details. You should record the name of the respondent, their serial number, their age and telephone number, and appointment details on the Nurse Record Form. Make sure the interviewer knows the best times to reach you by telephone. If you want more than two days' notice, tell the interviewer so that she/he can phone through other appointments too.

## **8.2 What the interviewer has told respondents about your visit**

The interviewer introduces your visit at the end of the interview by reading out the following:

*There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part. The second part of the survey is a visit by a qualified nurse to ask a few more questions and to carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required. May I suggest some dates and times and see when you are free?*

The list overleaf shows the general points given to interviewers to help them answer questions about your visit.

*General points to make when introducing the nurse visit*

\*

it is an integral part of the survey - the information the nurse collects will make the survey even more valuable.

\*

the nurse is fully trained (Grade E or above). They have all had extensive experience of working in hospitals, health centres or wherever and have also been especially trained for this survey.

\*

if the respondent wants, they will be given the results of the measurements carried out by the nurse, including the results of their blood test. If they like, this information will also be sent to their GP.

\*

we will not be testing for HIV, or any other viruses

\*

the amount of blood (usually 10ml) taken is tiny compared to the pint that blood donors give.

\*

they are not committing themselves in advance to agreeing to everything the nurse wants to do. Separate permission will be asked for each test - so the respondent can decide at the time if they do not want to help with a particular one. Written permission is needed from a respondent before a blood sample can be taken

\*

the equipment for taking blood is known as the Vacutainer system. It is safe and efficient. Fresh equipment is used for every sample

\*

over 30,000 people have already given blood samples on the Health Survey for England

If a person is reluctant, the interviewer is asked to stress the point that all they wish to do is to make an appointment for you to go along and explain exactly what is involved. They point out that by agreeing to see you they are not necessarily agreeing to take part in all, or any, of the tests. We hope your general professional approach will convince nervous respondents more effectively than can an interviewer.

At the end of the interview each respondent is given a Stage 1 Information Leaflet (blue) by the interviewer. This leaflet briefly describes the purpose of your visit. You have been given a copy of this leaflet. You will be giving respondents a Stage 2 Information Leaflet (salmon). This describes in greater detail the measurements and tests involved at Stage 2.

### 8.3 Appointment Record Card

The interviewer will give each respondent an Appointment Record Card. The respondent can use it to record the appointment time you agree with them, it will also remind them that we would like them to avoid eating, smoking and drinking alcohol for 30 minutes before you arrive. It also asks them to wear light, non-restrictive clothing and to find their medicine containers. A copy of this card is in your supplies for information. You should remember to mention, **after the appointment has been agreed**, that you would like them to avoid eating, smoking and drinking alcohol for 30 minutes before you arrive.

## 9. ACHIEVING A HIGH RESPONSE RATE !!!

### 9.1 The importance of a high response rate

Your response rate will get better with practice and experience. A high response rate at both stages of the survey is crucial if the data collected is to be worthwhile. Otherwise, we run the risk of getting findings that are biased and unrepresentative, as people who do not take part are likely to have different characteristics from those who do. Keeping respondent co-operation through to this important second stage of the survey will therefore be vital to its success.

### 9.2 "You won't want to test me..."

Some people think that they are not typical (they are ill, they are young and healthy, and so on) and that it is therefore not worth while (from both your and their point of view) to take part in the survey. You will have to explain how important they are. The survey must reflect the *whole* eligible population in Northern Ireland, so we need information from all types of people, whatever their situation. If the young and healthy don't take part then the results of the survey may suggest that the population is more unhealthy than it actually is. Similarly, if the ill or elderly don't take part the results may suggest that the population is healthier than it actually is. If someone suggests that you see someone else instead of them, explain that you cannot do this, as it would distort the results.

The measurements carried out by the nurse are an integral part of the survey data and without them, the interview data, although very useful, cannot be fully utilised.

### 9.3 Health is interesting and important

People are interested in health and are concerned about it. This is a high profile survey on a topical issue. Reports about the survey will receive wide press coverage.

In any case, your respondents have already co-operated with the first part of the survey, and have agreed to see you.

Most of them will be looking forward to your visit and will be keen to help. But some may have become reluctant to co-operate, perhaps because they have become nervous. You will need to use your powers of persuasion to reassure and re-motivate such people, as it is vital that they take part.

### 9.4 Respondents are not patients



Your previous contact with the public as a nurse will normally have been in a clinical capacity. In that relationship, the patient needs the help of the professional.

Your contacts with people in the course of this survey will be quite different. Instead of being patients, they will be people who are giving up their leisure time to help us with this survey. You need their help to complete your task. The way you deal with them should reflect this difference.

They are under no obligation to take part, and can decline to do so - or can agree, but can then decline to answer particular questions or provide particular measurements. But of course we want as few as possible to decline, and we rely on your skills to persuade them to participate.

## **10. WHAT TO DO ON INITIAL CONTACT**

### **10.1 Keep your introduction short**

While you will need to answer queries that respondents may have, you should keep your introduction short and concise. As already noted, some of the people you approach may be hesitant about continuing with the survey, and if you say too much you may simply put them off.

The general rule is to keep your initial introduction short, simple, clear and to the immediate point:

#### *Introduction*

- \* Show your identity card
- \* Say who you are: "I am a nurse called..."
- \* Say who you work for: "I work for the Central Survey Unit"
- \* Remind respondents about your appointment: "A few days ago you saw an interviewer about the Health and Social WellBeing Survey and I rang to make an appointment to see you today."

For most people this will be enough. They will invite you in and all you will have to do is to explain what your visit will cover and what you want them to do. But others will be reluctant and need further persuading. Build on what has gone before you. Be prepared to answer questions about the survey and its purpose.

Some respondents may have forgotten what the interviewer told them about the survey's purpose or what your visit involves. You should therefore be prepared to explain again the purpose of the survey. You may also need to answer questions, for example about how the household was sampled. Some points you might need to cover the following:

- |   |
|---|
| * <i>who you are working for</i> - CSU (see section 3)  |
| * <i>who the survey is for</i> - for the Department of Health and Social Services and the N.I. Health Boards.   |
| * <i>why the survey is being carried out</i> - see sections 1 and 2   |
| * <i>what you are going to do</i> - see section 11  |
| * <i>how the household was selected for the survey</i> - their address was selected from the Valuation and Lands Agency list of addresses. One respondent is selected at random at each address for the physical measures. The way respondents are selected means that they form a true cross-section of the population of adults aged 16 and over in |

Northern Ireland. Once a respondent is selected, we cannot substitute anyone else. Otherwise we would no longer have a proper sample of the population of adults aged 16 and over.

\* *the confidential nature of the survey* - individual information is not released to anyone outside the research team.

\* *how much time you need* - this varies a bit but it is best to allow about 45 minutes (including time to put equipment away and so on).

Only elaborate if you need to, introducing one new idea at a time. Do not give a full explanation right away - you will not have learned what is most likely to convince that particular person to take part. Do not quote points from the boxes except in response to questions raised by the respondent.

**Be careful to avoid calling your visit a "health check" - it is not.** One of the most common reasons given in England for respondents refusing to see the nurse is "I don't need a medical check - I have just had one." Avoid getting yourself into this situation. You are asking the respondent to help with a survey.

## 10.2 Being persuasive

It is essential to persuade reluctant people to take part, if at all possible. You will need to tailor your arguments to the particular respondent, meeting his or her objections or worries with reassuring and convincing points. This is a skill that will develop as you get used to visiting respondents. If you would like to discuss ways of persuading people to take part, speak to the interviewers or ring the office.

## 10.3 Broken appointments

If someone is out when you arrive for an appointment, it may be a way of telling you they have changed their mind about helping you. On the other hand, they may have simply forgotten all about it or had to go out on an urgent errand.

In any case, make every effort to re-contact the person and fix another appointment. Start by leaving a **Broken Appointment Card** at the house saying that you are sorry that you missed them and that you will call back when you are next in the area. Try telephoning them and find out what the problem is. Allay any misconceptions and fears. Make them feel they are important to the success of the survey. A chat with your interviewer partner might help. She/he might be able to give you an indication of what the particular respondent's fears might be, and may have notes that would tell you when would be the most likely time to find the respondent at home. Keep on trying until you receive a definite outcome of some sort.

## 10.4 The number of calls you must make

You are asked to keep a full account of each call you make at an address. Note the serial number of the household and the exact time (using the 24 hour clock) you made the call, and the date on which you made it. Details of these calls should then be entered on to the computer. You can also make a telephone call if you are having difficulty getting someone in, . Telephone calls **do not** have to be entered on to the computer.

You must make at least **4 personal visits per respondent** before you can give up. Each of these calls must be at different times of the day and on different days of the week. However, we hope you will make more than four calls to get a difficult-to-track down respondent. If you fail to make contact after 4 visits, keep trying anytime you are passing near the area.

***What you might mention when introducing the survey***

\*

It is a national (government) survey (on behalf of the Department of Health and Social Services).

\*

It is a very important survey.

\*

It will be the largest national survey to look at the health of the general population in Northern Ireland.

\*

It provides the Health Boards with accurate and up-to-date information on the health of the population.

\*

It gives the Health Boards information on health trends, and monitors how well the health targets set by the Health Boards are achieved.

\*

It is used to help plan NHS services.

\*

It is used to help plan private medical services.

\*

Results will be published and reported in the press.

\*

To get an accurate picture, we **must** talk to all the sorts of people who make up the population - the healthy and the unhealthy, those who use the NHS and those who use private medicine, and those who like the current government's policies and those who do not.

\*

Young people might think that health services are not for them now - but they will want them in the future and it is the future that is now being planned.

\*

Each person selected to take part in the survey is **vital** to the success of the survey. Their address has been selected - not the one next door. No one else can be substituted for them.

\*

No-one outside the research team will know who has been interviewed, or will be able to identify an individual's results.

\*

The Department of Health and Social Services and the Health Boards only get a statistical summary of everyone's answers.

## 11. INTRODUCING YOUR MEASUREMENT TASK

### 11.1 The introduction

The interviewer will have introduced your visit, but has been told to give only a brief outline of what it is about. She/he will have told respondents that you are the best person to explain what your visit is about.

So before you make any measurement, you will need to explain what you hope to do during your visit and to reassure nervous respondents that every stage is optional.

Respondents and their GPs, if the respondent wishes, will be given their blood pressure readings and the results of the blood tests.

### 11.2 The Stage 2 Leaflet

A copy of the leaflet **must** be given to all respondents **before** you start doing any measurements. It describes what you will be doing and sets out the insurance implications of allowing the information to be passed to GPs.

Give the **Stage 2 Leaflet** to respondents after you have explained what you are going to do. Ask them to read it while you get your equipment ready. This will give them something to do, give them time to read it and you time to sort yourself out. Be prepared to answer any questions they may have at this point.

## 12. YOUR SAMPLE

### 12.1 Your sample

The sample for this survey is a random probability sample. This means that all adults aged 16 and over in Northern Ireland have an equal chance of being selected.

The aim is to interview each person in the household and to carry out physical measurements on one randomly selected adult aged over 16 from each of the addresses. Non-residential addresses are excluded.

The interviewer's first task is to make contact at each sampled address and identify how many households are resident. In most cases there will be one household, but occasionally an address will contain two or more households (eg, a house may be split into flats that are not separately identified by the address). Sometimes, an interviewer will be making a selection of up to 3 households within an address for inclusion in the study. The interviewer will send you details of any additional households that have been selected.

In some cases however the respondent will refuse to co-operate with this second stage. No one else in the household can be measured instead of the selected respondent.

The interviewer will provide you with full details of appointments made and of addresses at which no-one has co-operated with the survey.

## **12.2 Serial Number and Check letter**

Each respondent interviewed by the interviewer has been given a unique identity number. This number allows us to distinguish which documents relate to which person. This number is called the Serial Number.

The serial number of the respondent must be recorded on all documents for that respondent. Great care must be taken to ensure that the correct serial number has been used. It is vital that the information the interviewer collects about someone is matched to the information you collect about them. If the wrong serial numbers are entered on documents, there is a danger that the data from one person will be matched with that from someone else.

To help avoid mistakes each serial number is also associated with a particular letter of the alphabet. The interviewer will give you the serial number and check letter when passing you details of her progress at each household.

## **12.3 Nurse Record Form (NRF)**

The interviewer will ring you to provide you with details on each of the addresses contacted. In particular the interviewer will provide you with details of those respondents which have agreed to a nurse visit. This will include details of the serial number, check letter, addresss, telephone number, full name of respondent, date of birth, the date of the interview and any appointment details. All this information must be carefully recorded on the NRF.

Although there may be nothing for you to do at some of the addresses (see below), the interviewer will contact you about each address so that you can check that they have all been dealt with by the interviewer-nurse team, and that none have been missed by either of you.

There is space for you to write in other information, including the location of the household within the address (if there is more than one household living there), and any tips about the household location or the respondent that the interviewer feels you might find useful.

On your Nrf, you should enter the serial number, the date the details were phoned through by the interviewer and if a nurse visit was agreed.

## 13. CARRYING OUT THE INTERVIEW

You will use two documents (plus an associated Drug Coding Booklet) during your interview with a respondent - the **Nurse Schedule** and the **Consent Booklet**.

You work through the Nurse Schedule systematically, starting with Question 1. It tells you which questions to ask and what action to take.

The Consent Booklet contains the forms the respondent has to sign to give written consent for:

- their blood pressure readings to be sent to their GP
- a sample of blood to be taken
- the results of the blood sample analyses to be sent to their GP
- a small amount of blood to be stored for possible future analyses

If the respondent is a minor (ie aged 16 or 17) their parent or guardian also has to give written consent before a blood sample can be taken.

The Consent Booklet also contains the despatch note which accompanies the blood sample tube when it is despatched to the laboratory. There are two notes: Despatch Note 2 is used when blood samples are posted to the laboratory; Despatch Note 1 is as an office copy.

The Nurse Schedule and the Consent Booklet work together and for that reason they are described together in this section.

### 13.1 General tips on how to use the documents

Follow the instructions in the Nurse Schedule precisely, and in the order given. Read out the questions **exactly as worded**. This is very important to ensure comparability of answers. You may think you could improve on the wording. Resist the temptation to do so. Ring the code beside the response appropriate to that respondent (eg at Q1b if the respondent is pregnant, you would ring code 1) indicating the answers received or the action you took.

Beside the codes you ring you may see a "filter" instruction. This tells you which question in the Nurse Schedule you should go to next. If there is no instruction beside a code, continue with the question immediately below it.

Some questions take the form of a "CHECK" - see Q5a for an example. This is an instruction to you to find out something or to look back to an earlier response.

When you get a response to a question which makes you feel that the respondent has not really understood what you were asking or the response is ambiguous, repeat the question. If necessary, ask the respondent to say a bit more about their response.

### 13.2 Preparing the documents before you start your interview

Immediately before you start to carry out measurements on a respondent, complete the front page of the Nurse Schedule and the first half of page 1 of the Consent Booklet.

**Never do this in advance of the visit to the household.**

Check carefully that you have entered the respondent's correct serial number and check letter. Do NOT prepare these documents in advance of your visit, as there is a serious danger that you will use the wrong set of documents for the wrong person. It is all too easy to do in the stress of the moment.

### ***The Consent Booklet***

Use a black pen when completing the booklet, and ensure that signatures are always in pen, not pencil. Use capital letters and write clearly. Do not erase any of the personal information. If necessary, cross out errors and re-write so that any corrections can be seen.

Write the address at which you are interviewing in the box at the top of the Consent Booklet. Write the survey month next to the box (i.e. December), and then fill in the serial number boxes. Accuracy is vital.

Enter your Nurse Number at Item 1 and the date on which you are interviewing at Item 2.

*Complete Items 3 to 5 before you start using the Nurse Schedule to collect the information from the respondent.*

At Item 3 record the **full** name of the respondent. We will be using this to write a thank-you letter to the respondent giving them their test results (if they wish), and to write to their GP (with their permission) to give him/her their test results. The name by which the GP knows the respondent is checked, if appropriate, during the interview. This may, for example, be a maiden name.

Ask the respondent for their date of birth and enter this in the boxes provided at Item 5. The respondent may say they have already given it to the interviewer. Explain that you have been asked to get it again as it will help ensure the right documents get put together.

*Items 6-9 are completed during the course of your interview.*

At item 6, write in the name of the respondent's parents if the respondent is aged 16 or 17.

At Item 7 you write in the name, address and telephone number of the respondent's GP, if the respondent gives consent for their blood pressure, lung function and/or blood test results to be sent to their GP. If a respondent does not know the name of their GP, leave the top line blank (otherwise the computer will send out a nonsense letter like *Dear Dr. Ash Grove Practice*).

At Item 8 record how complete you believe the GP address to be. If you are sure that a letter posted out of the area to that address would arrive, ring code 1.

**Item 9 is very important.** You record here the outcome of your requests for permission for:

- a) the blood pressure results to be sent to the GP
- b) a sample of blood to be taken
- c) the blood sample results to be sent to the GP
- d) a small amount of blood to be stored for future use
- e) their blood sample results be sent to them.

By the end of the interview every respondent should have **FIVE** codes ringed at Item 9.

There are two Consent Sheets contained in this booklet:

- BP** Blood pressure information to GP consent form.
- BS** Blood sample consent form, which is in three parts: part I obtains consent to take blood; part II obtains consent to give the results to the GP; and part III obtains consent to store part of the blood.

The last two pages of this booklet are despatch notes for blood samples. **Despatch 1** is a copy of the samples sent to the laboratory; this is returned to the office with the rest of the booklet; **Despatch 2** is a tear off sheet to go with the samples to the laboratory.

### *The Nurse Schedule*

Complete the front page of this schedule before you carry out the interview. Again make sure you enter the correct codes in the serial number boxes and fill in the survey month. Only enter the respondent's **FIRST** name. Transfer the date of birth from the Consent Booklet front page, writing the month in words. (This is just a check, as sometimes numbers get transposed or look like other numbers). Enter the time you start the interview.

### **13.3 Carrying out the interview**

The question numbers below refer to those in the Nurse Schedule.

#### ***Qs 1 - 8***

- Q1** In many cases the distinction between codes 1 and 2 will be obvious. But if you assess someone to be in their forties or fifties, ask them "Can I check your age last birthday?" and use the information to ring the correct code.
- Q1(b)** You need to check if the respondent is pregnant as this affects what you do. You will not be taking any measurements or blood samples from pregnant women. If the respondent is pregnant, follow the filters through the questionnaire - which take you past these measurements and tell you which consent codes to ring.
- Q2/3** These are questions about prescribed medicines. Ignore any non-prescribed medicines that the respondent may be taking. Record in the grid the brand name of all the prescribed medicines currently being taken by the respondent (we are not interested in any medicines prescribed years ago, and no longer being taken). Medicines should be being taken now, or be current prescriptions for use "as required". Keep checking "Are you taking any other medicines, pills, ointments or injections prescribed for you by a doctor?". Try to see the containers for the medicines.

Do not probe for the contraceptive pill as this may be embarrassing or awkward for some respondents. If it is mentioned, record it. Pills for hormone replacement therapy should be included. Include suppositories, injections, eye drops, and hormone implants if they are on prescription.

The interviewer will have told the respondents that you will be asking about prescribed medicines, and will have asked the respondent to get their medicines ready prior to your visit. The respondent may have forgotten this, and so you may have to ask them if they can fetch the containers so you can have a look at them.



Check the name of the medicine very carefully and record it in BLOCK CAPITALS. Record the brand name/generic name so that you can code it.

One of your tasks is to "code" the drugs taken, and to enter a six-digit survey code for the drug in the space provided in the grid at Q3. Ideally, do this drug coding during the interview, such as when the person is waiting for the BP measurements to start, as it will give you the chance to query any hard-to-find drugs. But if it is likely to take up a lot of time and cause the respondent to lose patience, then do it at home afterwards.

With practice, you will get to know the more common drugs and will be able to code them quickly.

Remember to ask part b) of Q3.

### *13.4 Coding the medicines*

Drugs are to be coded using the British National Formulary (BNF) classification codes - down to the third level of classification. These should be recorded in a six-digit format, using a leading zero where appropriate.

You have a copy of the BNF (make sure it is the 1995 version) in your Dinamap bag. You also have a Drug Coding Booklet which lists the 200 most commonly used drugs in alphabetical order and gives their BNF classification code.

Taking *Premarin* as an example, the alphabetic listing gives the entry 06 04 01. Enter this in the boxes provided on the Nurse Schedule headed "BNF code".

Alternatively, if you had looked up *Premarin* in the BNF itself, you would have found it listed in section 6.4.1.1. It is classified down to a fourth level. For our purposes we are only interested in the reference 6.4.1. With leading zeros, this becomes 06 04 01.

If you cannot find a drug in the BNF, or it has more than one reference and you are not sure how to deal with it, record its full name clearly and what it is being taken for.

If the respondent takes aspirin (97) or salazyopyrin (98) record the dosage, as this can vary.

Q4 Any dietary supplements that are prescribed should be recorded at Q4. This is just asking about non-prescribed diet supplements (eg, multi-vitamins, iron tablets, etc.)

The rest of this schedule is concerned with the various measurements you have to make and with obtaining blood samples. The protocols for doing these are given separately. The rest of this section describes how to introduce these, how to record the measurements on the Nurse Schedule, and how to fill in the relevant pages of the Consent Booklet.

### *Q5-13 Blood Pressure*

Everyone, except pregnant women, is eligible for blood pressure measurements.

The protocol (section 17) explains how to take blood pressure readings. You will be taking three readings.

- Q6c Blood pressure can be higher than normal immediately after eating, smoking or drinking alcohol. This is why respondents are asked to avoid doing these for 30 minutes before you arrive. But sometimes this will not be possible and you will have to take their blood pressure within this time period. In which case ring all the codes that apply. If none of these have been done within 30 minutes of reaching this question, ring code 5.
- Q7a Record the Dinamap's SCPR serial number. (Look for the white label). Sometimes we identify an equipment problem and we wish to track down all readings that have been taken using a particular piece of equipment.
- Q7b Record chosen cuff size (see section 17.2).
- Q7c The air temperature may affect blood pressure readings. Record reading here.
- Q8 Record the blood pressure readings in the boxes provided. The layout corresponds to the Dinamap display panel. Double check each entry as you make it to ensure you have correctly entered the reading.
- Q9 Ring one code at Q12a to show the outcome of your attempt to get blood pressure readings. Only ring code 1 if you got three valid readings. If you fail to get three valid readings, ring code 2 or 3 or 4 as appropriate. Ring code 5 if you did not attempt to take blood pressure for reasons other than a refusal. If you get a refusal, ring code 6.
- If you attempted a reading but failed to get it, ring a code at Q9b to show what the problem was. If necessary, write in full details. If you did not attempt a reading, record the full reasons why this was so.
- If you were unable to get any valid blood pressure readings (ie Q9a codes 2 -6), ring consent code 02 on the Consent Booklet.
- Q10 If you did get one or more valid readings, code whether these were obtained without problem, or whether any problems were experienced.
- Q11 If you obtained a blood pressure reading, ask this question. If the person agrees to the results going to their GP, turn to the second page of the Consent Booklet (**Blood Pressure to GP Consent Form - sheet BP**).
- Q12 Explain you have to get written consent in order to send the blood pressure readings to their GP, fill in their name at the top of the form and ask them to sign and date the form.
- Then turn to the front of the Consent Booklet and ring consent code 01. Ask the respondent for the name, address and telephone number of their GP. If possible, obtain the postcode. Record this at items 7 and 8 of the Consent Booklet. If your respondent does not know their GP's full address and/or postcode, look it up in the relevant telephone directory later (public libraries hold telephone directories for the

whole country). Do your best to get hold of the phone number as well - including the local area code.

- Q13 You should then offer the respondent their blood pressure readings. If they would like them, enter them on the respondent's Measurement Record Card. The interviewer should have given them one of these with their height and weight recorded on it. If the respondent has lost it, or claims never to have had one, make out a new one, entering their name on the front of the card, etc.

It is not the purpose of this survey to provide respondents with medical advice. Nevertheless, many respondents will ask you what their blood pressure readings mean. Section 17.5 contains detailed guidelines on how to inform respondents about their blood pressure readings. Make sure you are very familiar with this guidance. We want it to be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GPs if their blood pressure is raised.

#### *Q14-Q18 - Demi-span*

Demi -span measurements are taken from all person aged 65 or older.

#### *Q19 - Q21 - Height and Weight*

Height and weight measurements are to be taken of all respondents except those who are chairbound, unsteady on their feet, find it painful to stand, or are pregnant.

#### *Q22-Q25 - Waist and hip circumferences*

Waist and hip measurements are taken from all respondents except those who are pregnant. Each measurement is taken twice, to improve accuracy. Fuller details of how to do this are given in the protocol (section 18). Record measurements to the nearest mm. If the two measurements that you get for waist or hip are very different (eg, they differ by 3cm or more), you may need to take more measurements in order to work out which one is correct. If an incorrect measurement has been recorded on the Nurse Schedule, cross it out and write in the correct one by the side.

If anyone refuses to have these measurements taken, record why.

At Q19 record how reliable the waist and hip measures are, and whether any problems that were experienced were likely to increase or decrease the measurement. This information is important for the analysis of the results. As a general rule, if you believe that the measurements you took are 0.5cm more or less than the true measurement because of problems you encountered, this should be coded as unreliable. (Measurements are only coded as unreliable if you think that the clothing the respondent is wearing has affected the measurement by 0.5cm. Unreliable does not refer to any measurement errors that you feel you may have made.)

Offer to write the measurements on the Measurement Record Card. You are given a conversion chart if the respondent wants to know their measurements in inches.

#### *Q26-42 - Blood Sample*

In order to take blood we need to obtain written consent from the respondent. And, if the respondent is a minor (aged 16 or 17), we also have to obtain the written consent of a parent or guardian before blood can be taken. We also need written consent to send the blood test results

to the respondent's GP, and to store a small sample of the blood for future analysis. These consents are all contained on page three of the Consent Booklet - **Blood Sample Consent Form - Sheet BS**.

If the respondent agrees to all three, he/she will have to sign the Consent Form three times. We ask for all the consents to be signed one after the other, before we take the blood. You will need to explain to the respondent the need for all these consents and how important they are.

Remember to enter your name at the top of this form.

**Q26** If a respondent is aged 16-17, always obtain written consent from a parent or guardian in advance of taking blood. If a respondent aged 16-17 does not live with a parent/guardian, then you cannot take any blood from them - in which case, ring code 2 at Q26b, go to Q42 and follow the instructions to ring consent codes 04, 06, 08 and 10 on the Consent Booklet. You have then completed your interview with that respondent.

**Q27** Explain the purpose and procedure for taking blood. All persons aged 18 or over, and all persons aged 16 or 17 living with a parent or guardian who gives consent, are eligible for a blood sample to be taken (except for pregnant women).

**Q27a** Check if the respondent has a clotting or bleeding disorder. These are very uncommon. If you do find someone with these problems, **do not** attempt to take blood from them, even if the disorder is controlled.

By clotting or bleeding disorders, we mean conditions such as haemophilia and low platelets, ie, thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reasons these respondents are excluded from blood sampling are that the integrity of their veins is extremely precious and we do not wish to cause prolonged blood loss.

For the purposes of blood taking, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction, an embolus are NOT considered to have clotting disorders.

Some respondents might be taking Warfarin which thins their blood so that they do not stop bleeding easily. If this is the case then **do not** take a blood sample. You will need to check this out, particularly with elderly respondents.

Aspirin therapy is not a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.

**Q27b** Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their objections, but do not coerce people into giving a sample.

If the respondent refuses, record the reason why at c). The pre-codes cover the main reasons that were given by respondents in previous health surveys. Then go to Q42 and ring codes 04, 06, 08, and 10 on the Consent Booklet.

- Q28 Explain to the respondent the need for written consent, and that there are three things that you need consent for. Explain that you will go through these things now, before you take any blood.
- Q29 If the respondent is aged 16 or 17 and has agreed to the blood sample you will need to get consent from their parent or guardian. If the parent or guardian refuses consent, write in why, go to Q42 and code 04, 06, 08 and 10 on the Consent Booklet.
- Q30 As blood taking is an invasive procedure, we need to get written consent to take it. Thus, when your respondent agrees to a blood sample, you will need to complete part I of the "**Blood Sample Consent Form**" - sheet BS. If they are 16 or 17, ask the parent or guardian to countersign. You must not take any blood until this part of the Consent Form has been fully signed. Ring consent code 03 on the Consent Booklet to show that this has been done.
- Q31-34 Check if the respondent has a GP and ask if the results of the blood tests can be sent to their GP. If so, follow the instructions: get a signature at part II of the "**Blood Sample Consent Form**", check the GP details are filled in on the front page and ring consent code 05 on the consent booklet. If they do not want the results to go to their GP or they do not have a GP, ring code 06 instead.
- Q35-37 You then need to ask for consent to store any remaining blood for future analysis. Small quantities of blood are being stored in special freezers in order that further analysis may be undertaken in the future. Future analysis will definitely not involve a test for viruses (eg AIDS test). Again follow the instructions on the schedule and get a signature at part III of sheet BS. Ring consent code 07 if storage consent is given. Ring consent code 08 if no storage consent is given.
- Q38-42 Having checked that you have all the appropriate signatures, and ringed the appropriate codes, you are ready to take the blood sample. See the protocol for how to proceed. If you obtain a sample, note any problems at Q39c. If you do not manage to get any blood explain why not at Q40. If you do not get any blood ring consent code 10 on the Consent Booklet.

Ask respondents if they would like their blood test results sent to them. If they would, we will send them with a note explaining that the results are best interpreted by their GP. Code 1 at Q41a if the respondent has asked for the results, and also ring code 09 on the Consent Booklet. If the respondent does not want the results, ring code 10 on the front page of the Consent Booklet.

Ensure that you have five codes ringed on the front of the Consent Booklet. If any results are to go to the GP (either consent code 01 or 05 ringed) check that you have details of the GP. The GP details are needed so that we can telephone and write to the GP, if there is an abnormal result. Therefore the GP address should be as full as possible, and the telephone number should include the local area code.

At the end of the interview, thank the respondent for all their help. We will be writing to thank them also.

Fill in the time that the interview ended at Q44, and work out the length of the interview. Remember to fill in the date of the interview and your nurse number.

How to despatch the blood samples to the laboratory is described in section 21.

## **14. ENTERING DATA ON THE COMPUTER AND RETURNING WORK**

### **14.1 Record details of the Nurse Schedule on the laptop computer**

Details of procedures will be supplied in a separate document.

### **14.2 Returning work to the office**

Post the the NRF, Consent Forms, and the Nurse Schedules back to the office the same day as you send the blood samples to the laboratory (or in time the following day to catch that day's post). Referral back to GPs and respondents in the event of any serious abnormalities can be seriously delayed if work is not returned promptly by nurses.

Before returning work, check that you have all the documents you should have and that they are properly serial numbered and so on. Check that they match with your NRF entries. The documents you should return for each person are: the Consent Booklet, Nurse Schedule and NRF.

**For confidentiality reasons, NEVER send the Nurse Schedule back in the same envelope as its NRF or Consent Booklet. Always post the two packages at the same time.** Pin together the NRF and Consent Booklet and return them in one envelope; send the Nurse Schedule back in a separate envelope.

The weekly Nurse Schedule Backup Disk should always be posted back to the office every Friday. It should **ALWAYS** be posted back in the same envelope as the Nurse Schedule, or by its self. As with the nurse schedule **NEVER return the Nurse Schedule Backup Disk in the same envelope as its NRF or Consent Booklet.**

At the end of your assignment, check that you have accounted for all the household your allocation. Check with each interviewer what their allocation for you is so you can confirm your total allocation size and the number you will be expecting from each interviewer. Make sure that, during the field period, the interviewer gives you details of those household were no nurse visit was agreed. This way you will be able to to ensure that the interviewers give you a spread of work over the monthly field period and that they don't leave all their interviewing until the last week.

## **THE PROTOCOLS**

### **15. RECORDING AMBIENT AIR TEMPERATURE**

#### **15.1 The Thermometer**

You have been provided with a digital thermometer and probe. This instrument is very sensitive to minor changes in temperature. It is therefore important that you record temperature at the appropriate time in your routine. It can also take a few minutes to settle down to a final reading if it is experiencing a large change in temperature (eg coming into a warm house from a cold outside).

Immediately after you have settled the respondent down to rest for five minutes prior to taking their blood pressure set up the thermometer to take a reading. Just prior to recording the blood pressure note the temperature and record it in the appropriate part of the nurse schedule. Always switch it off after taking a reading, to avoid battery problems. The thermometer automatically switches off if you have left it on for more than 7 minutes.

Place the thermometer on a surface near the Dinamap. Do not let the probe touch anything - you can for example let it hang over the edge of a table. Do not put it on top of the Dinamap as it will be warm.

#### **15.2 Instructions for using the thermometer**

1. The probe plug fits into the socket at the top of the instrument.
2. Press the completely white circle to turn the instrument on. To turn off, press the white ring.
3. Before taking a reading off the display, ensure that the reading has stabilised.
4. Be careful of the probe - it is quite fragile.
5. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.
6. The battery in your thermometer is a long-life battery and should last at least one year. However, should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.
7. To remove old battery and insert a new one, unscrew the screw on the back of the thermometer.

## 16. BLOOD PRESSURE MEASUREMENT AND HEART RATE READINGS

High blood pressure is an important risk factor for cardiovascular disease. During the first visit, the interviewer will have asked the respondent if he/she has ever had high blood pressure. If this is the case more detailed information will have been collected.

However, it is important that we look at the blood pressure of everyone in the survey using a standard method so we can see the distribution of blood pressure across the population. This is vital for monitoring change over time, and monitoring progress towards lower blood pressure.

The only people not eligible for blood pressure measurement are those who are pregnant. However, if a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings on the Nurse Schedule.

All other respondents are eligible, unless they do not wish to give their permission.

### 16.1 Equipment

Dinamap 8100 blood pressure monitor  
Blue pneumatic hose  
Small adult cuff (17-25 cm)  
Standard adult cuff (23-33 cm)  
Large adult cuff (31-40 cm)  
Power cord  
Operation Manual

The Dinamap 8100 blood pressure monitor is an automated machine. It is designed to measure systolic blood pressure, diastolic blood pressure, mean arterial pressure (MAP) and pulse rate automatically at pre-selected time intervals. On this survey three readings are collected at one minute intervals.

The Dinamap is equipped with a rechargeable battery, which can run for a minimum of six hours when fully charged. It is essential to keep the battery charged as fully as possible. A yellow battery light will flash as a warning sign on the monitor to alert the user when the charge has fallen below 10%. To recharge the battery, connect the monitor to the mains and press the rear panel AC power switch to the **ON ('I')** position. The green MAINS AC light will indicate that the battery is charging. An overnight charge (eight hours) will provide about four hours of operation.

**!! PLEASE REMEMBER TO CHARGE THE BATTERY !!**

When the Dinamap is switched on the monitor momentarily displays eights (888s) in all the digital displays and all indicators will flash as a check for the operation of all LEDs. The audio alarm is also sounded as a check for its operation. If on turning on the monitor any of the displays fail to show the 888s, contact the nurse supervisor immediately and inform them that there is a problem with the monitor.

### 16.2 Preparing the respondent

The respondent should not have eaten, smoked or drunk alcohol in the 30 minutes preceding the blood pressure measurement.



Ask the respondent to remove outer garments (eg jumper, cardigan, jacket) and expose the right upper arm. The sleeve should be rolled or slid up to allow sufficient room to place the cuff. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

#### *Selecting the correct cuff*

Do **not** measure the upper arm circumference. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the **standard** cuff where possible.

The appropriate cuff should be connected via the blue pneumatic hose to the two cuff connectors at the bottom of the display. It is important to ensure these screw connectors are properly connected to avoid any air leak. However **do not overtighten**. The pneumatic seal is not made by tightening the connector.

### **16.3 Procedure**

Wrap the correct sized cuff round the upper **right** arm and check that the index line falls within the range lines. Use the left arm only if it is impossible to use the right. If the left arm is used, record this on the schedule. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 2 cm above the cubital fossa (elbow crease).

Do not put the cuff on too tightly as bruising may occur on inflation. Ideally, it should be possible to insert two fingers between cuff and arm. However the cuff should not be applied too loosely, as this will result in an inaccurate measurement.

The respondent should be sitting in a comfortable chair with a suitable support so that the right arm will be resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with cuff applied, legs uncrossed and feet flat on the floor.

Explain that before the blood pressure measurement we need them to sit quietly for five minutes to rest. They should not smoke, eat, drink or read during this time. Explain that during the measurement the cuff will inflate three times and they will feel some pressure on their arm during the procedure.

After five minutes explain you are starting the measurement. Ask the respondent to relax and not to speak until the measurement is completed as this may affect their reading.

- a) Switch the monitor '**ON**'.
- b) Press the **SILENCE** button until the yellow triangle above it lights up.
- c) Press the **AUTO/MANUAL** button until the green triangle above it lights up. The cuff will now start to inflate and take the first measurement.
- d) Press the cycle **SET** button until the number **1** lights up in the minutes box. Blood pressure will then be recorded at one minute intervals thereafter. After each interval record the reading on the schedule.

- e) It is possible to retrieve any of the three readings if they need to be checked or if you didn't record them for any reason. To do this wait until the three readings have been taken then press the **AUTO/MANUAL** button followed by the **PRIOR DATA** button. This will display the previous reading ie the second blood pressure. Press the **PRIOR DATA** button again to display the first blood pressure reading, and once again to return to the final reading. The minutes display indicates how long ago the measurement was taken. **IT IS NOT POSSIBLE** to retrieve the readings once the monitor has been switched off.
- f) After the three measurements are complete and recorded on the schedule switch the monitor '**OFF**' and remove the cuff.

If there are any problems during the blood pressure measurements or the measurement is disturbed for any reason, press the red cancel button or the power OFF button and start the procedure again. If the respondent has to get up to do something, then ask them to sit and rest for five minutes again.

#### 16.4 Error readings

The most common error reading is 844. This is displayed if one measurement exceeds 120 seconds. This is usually caused by the respondent moving during the measurement. Ask the respondent to sit as still as possible and take the measurement again. **Do not palpate the pulse** and do not tell the respondent their pulse is erratic. If you still get another 844 error reading, record that it wasn't possible to get a reading and explain to the respondent that this sometimes happens.

Other error readings are detailed on the side of the Dinamap itself.

#### 16.5 Informing respondents of their blood pressure readings

If the respondent wishes, record details of the three readings on their Measurement Record Card.

In answering queries about the respondent's blood pressure, it is very IMPORTANT to remember that it is not the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent's full medical history. But you will need to say something. It is very important that **you make all the points relevant to the particular situation and that you do not provide a more detailed interpretation as this could be misleading**. Read the instructions below very carefully and make sure you always follow these guidelines. To help you remember, you have been given a *Blood Pressure Guide Card* which summarises these rules.

**Base your comments on the last two of the three readings.** If the first reading is higher than the other two, explain that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. It has been decided to adopt the ones given below for this survey. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown overleaf.

*Points to make to a respondent about their blood pressure*

**Normal:**

`Your blood pressure is normal'

**Mildly raised:**

`Your blood pressure is a bit high today.'

`Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

`You are advised to visit your GP within 3 months to have a further blood pressure reading to see whether this is a once-off finding or not.'

**Moderately raised:**

`Your blood pressure is a bit high today.'

`Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

`You are advised to visit your GP within 2-3 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.'

**Considerably raised:**

`Your blood pressure is high today.'

`Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure.'

`You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.'

Note: If the respondent is elderly and has severely raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, we will have informed the GP of their result (providing the respondent has given their permission).

**SURVEY DEFINITION OF BLOOD PRESSURE RATINGS**

**For men aged less than 50 and all women**

**Rating**

**Systolic**

**Diastolic**

Normal	< 140	and	< 85
Mildly raised	140 - 159	or	85 - 99
Moderately raised	160 - 179	or	100 - 114
Considerably raised	180 or more	or	115 or more

**Men aged 50 or over**

Normal	< 160	and	< 95
Mildly raised	160 - 169	or	96 - 104
Moderately raised	170 - 179	or	105 - 114
Considerably raised	180 or more	or	115 or more

**NB: < less than                      > greater than or equal to**  
**16.6 Action to be taken by the nurse after the visit**

The chart below summarises what action you should take as a result of the knowledge you have gained from taking the blood pressure readings. **For this purpose you should only take into account the last two readings** as the first reading from the Dinamap is prone to error for the reason stated above.

Contact details of the doctor responsible for dealing with queries regarding blood pressure readings will be sent to you shortly. If for any reason you cannot speak to the Dr., call the office. Do not hesitate to contact the survey doctor whenever you feel you need advice about what to do after seeing a respondent.

BLOOD PRESSURE	ACTION
<b>Normal/mild/moderate bp</b>  Systolic < 180 mmHg <b>and</b> Diastolic < 115 mmHg	No further action necessary  If you feel that the circumstances demand further action, inform Dr. <> who will then inform the respondent's GP immediately if he deems it necessary.
<b>Severely raised bp</b>  Systolic 180 mmHg <b>or</b> Diastolic 115 mmHg	Contact Dr. <> at the earliest opportunity who will inform the respondent's GP.  If the respondent has any symptoms of a hypertensive crisis* contact Dr. <> immediately or call an ambulance. Dr. <> must be informed as soon as possible.

\* A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include:

diastolic bp > 135 mmhg

headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.

All apparently high or unusual readings will be looked at by Dr. Vincent McGovern when they reach the office. If the reading is judged to be high, then Dr. McGovern will contact the respondent's GP, drawing attention to the reading. In cases where the respondent is not registered with a GP, or has refused consent for us to contact their GP, the respondent will be contacted directly.

## **17. HEIGHT AND WEIGHT MEASUREMENTS**

Detailed protocols of how to take height and weight measurements are appended to these instructions. It is **vital** that you learn to administer these protocols properly and systematically. You are responsible for providing the official statistics on the populations' height and weight. If you have any problems in either administering the protocols or with the equipment, contact the office immediately.

In this section we describe who is eligible, the type of site required to take the measurements and how to complete this section of the questionnaire.

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable, but whenever you think a reasonable measurement can be taken do so. Examples of people who should not be measured are:

- \* Respondents who are chairbound should not have their height and weight taken.
- \* If after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements, do not attempt to take them.
- \* If the respondent finds it painful to stand or stand straight, do not attempt to measure height.
- \* Pregnant women are not eligible for weight as this is clearly affected by their condition.

It is strongly preferable to measure height and weight on a floor which is level and not carpeted. If all the household is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom).

Read the first question. If further explanation is required, say that although many people know their height and weight, these measurements are not usually up to date or are not

known with the precision required for the survey. The reason for wanting to know accurate heights and weights is in order to relate them to other health measures.

If the height or weight is refused or not attempted, the respondent is asked to estimate their height or weight. You are given a choice of whether to enter their estimate in metric or imperial measurements.

You are asked to code whether you experienced problems with the measurement and, if you did, to indicate whether you felt the end result was reliable or unreliable. As a rough guide if you think the measurement is likely to be more than:

2 cms (x inch) from the true figure for height

1 kg (2 lbs) from the true figure for weight

code as unreliable.

## **18.MEASUREMENT OF WAIST AND HIP CIRCUMFERENCES**

### **18.1 Purpose**

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist-to-hip ratio is a measure of distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that this ratio is a predictor of health risk like the body mass index (weight relative to height).

### **18.2 Equipment**

Insertion tape calibrated in mm, with a metal buckle at one end which is connected to a spring balance.

### **18.3 Eligibility**

The respondent is ineligible for the waist and hip measurement if s/he is:

- a) Pregnant
- b) Chairbound
- c) Has a colostomy/ileostomy.

If any of the above apply, record this on the Schedule). If there are any other reasons why the measurement was not taken, record this on the Schedule and note down the reason.

### **18.4 Preparing the respondent**

The interviewer will have asked the respondent to wear light clothing for your visit. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading.

If possible, without embarrassing you or the respondent, ensure that the following items of clothing are removed:

- all outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- shoes with heels
- tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights

If the respondent is wearing a belt, ask them if it would be possible to remove it or loosen it for the measurement.

Pockets should be emptied.

If the respondent is not willing to remove bulky outer garments or tight garments and you are of the opinion that this will significantly affect the measurement, record this on the Schedule at Q19b/d.

If possible, ask the respondent to empty their bladder before taking the measurement.

### **18.5 Using the insertion tape**

All measurements should be taken to the nearest millimetre. If the length lies half-way between two millimetres, then round to the nearest **even** millimetre. For example, if the measurement is halfway between 68.3 and 68.4, round up to 68.4. And if the measurement is halfway between 68.8 and 68.9, round down to 68.8.

Ensure the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides.

If possible, kneel or sit on a chair to the side of the respondent.

Pass the tape around the body of the respondent. To check the tape is horizontal you have to position the tape on the right flank and peer round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent.

Hold the buckle flat against the body and flatten the end of the tape. At the same time pull the spring balance to the mark around 600g and then read the measurement from the outer edge of the buckle. Do not pull the tape towards you, as this will lift away from the respondent's body, affecting the measurement.

### **18.6 Measuring waist circumference**

1. The waist is defined as the point midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest use the fingers of the right hand held straight and pointing in front of the participant to slide upward over the iliac crest. Men's waists tend to be above the top of their trousers whereas women's waists are often under the waistband of their trousers or skirts.
2. Do not try to avoid the effects of waistbands by measuring the circumference at a different position or by lifting or lowering clothing items. For example, if the respondent has a waistband at the correct level of the waist (midway between the lower rib margin and the iliac crest) measure the waist circumference over the waistband.

3. Ensure the tape is horizontal. Ask the participant to breathe out gently and to look straight ahead (to prevent the respondent from contracting their muscles or holding their breath). Take the measurement at the end of a normal expiration.

Measure to the nearest millimetre and record this on the Schedule.

4. Repeat this measurement again.
5. If you are of the opinion that clothing, posture or any other factor is significantly affecting the waist measurement, record this on the Schedule.

### **18.7 Problems measuring the waist circumference**

If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger.

If your respondent has a bow at the back of her skirt, this should be untied as it may add a substantial amount to the waist circumference.

Female respondents wearing jeans may present a problem if the waistband of the jeans is on the waist at the back but dips down at the front. It is essential that the waist measurement is taken midway between the iliac crest and the lower rib and that the tape is horizontal. Therefore in this circumstance the waist measurement would be taken on the waist band at the back and off the waist band at the front. Only if the waistband is over the waist all the way around can the measurement be taken on the waistband. If there are belt loops, the tape should be threaded through these so they don't add to the measurement.

### **18.8 Measuring hip circumference**

1. The hip circumference is defined as being the widest circumference over the buttocks and below the iliac crest. To obtain an accurate measurement you should measure the circumference at several positions and record the widest circumference.
2. Check the tape is horizontal and the respondent is not contracting the gluteal muscles. Pull the tape, allowing it to maintain its position but not to cause indentation. Record the measurement on the schedule to the nearest millimetre, eg 095.3.
3. If clothing is significantly affecting the measurement, record this on the schedule.
4. Repeat this measurement again.

### **18.9 General points**

The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing. If clothing is baggy, it should be folded before the measurement is taken.

If the respondent is large, ask him/her to pass the tape around rather than having to "hug" them. Remember though to check that the tape is correctly placed for the measurement being taken and that the tape is horizontal all the way around.



If the measurement falls between two millimetres, the measurement should be recorded to the nearest even millimetre.

### **18.10 Recording problems**

We only want to record problems that will affect the measurement by more than would be expected when measuring over light clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm. We particularly want to know if waist and hip are affected differently.

## **19. BLOOD SAMPLE COLLECTION**

### **19.1 Eligibility**

Do not take a blood sample from respondents who are:

- a) Pregnant
- b) Have a clotting or bleeding disorder
- c) Aged 16 or 17 and do **not** live with a parent or guardian
- d) Not willing to give their consent in writing
- e) Are **currently** on Warfarin therapy

### **19.2 Purpose**

The blood sample is being taken to obtain indicators of risk factors for cardiovascular disease.

### **19.3 Equipment**

All nurses will have the following equipment:

Tourniquet  
Vacutainer holder  
Alcohol swabs  
Vacutainer needles 21G  
Dental roll  
Butterfly needles 23G  
Rubber gloves  
Needle disposal box  
Adhesive dressing  
Vacutainer plain tube  
Padded envelopes  
Sealable plastic bags  
Kitchen roll  
Micropore tape  
Set of labels for blood sample tubes

### **19.4 Getting consent**

Before taking blood from 16-17 year olds, you must make sure that you always get both the respondent's own signature and the signature of their parent or person who has legal parental responsibility. Remember that even if 16/17 year old respondents are married and not living with

their parent or person who has legal parental responsibility, you cannot take blood until you have their parent's consent.

It is not sufficient to simply have one signature at item I-III on the BS page of the Consent Booklet. You must make sure you have all relevant signatures.

### **19.5 Preparing the respondent**

Ask the respondent if they have had any problems having blood taken before.

- 1 Explain the procedure to the respondent. They should be seated comfortably in a chair, or if they wish, lying down on a bed or sofa.
- 2 Ask the respondent to roll up their left sleeve and rest their arm on a suitable surface. Ask them to remove their jacket or any thick clothing, if it is difficult for them to roll up their sleeve.

The antecubital fossae may then be inspected. It may be necessary to inspect both arms for a suitable choice to be made, and the respondent may have to be repositioned accordingly.

Do not ask the respondent to clench his/her fist.

- 3 Select a suitable vein and apply the tourniquet around the subject's arm. In certain cases the tourniquet may have to be applied to locate a reasonable vein. However, it is desirable to use the tourniquet applying minimal pressure and for the shortest duration of time. Do not leave the tourniquet in place for longer than 2 minutes.

Ask the respondent to keep his/her arm as still as possible during the procedure.

- 4 Put on your rubber gloves at this point.

Clean the venepuncture site gently with an alcohol swab. Allow the area to dry completely before the sample is drawn.

### **19.6 Taking the sample**

- 5 Venepuncture is performed with a twenty one gauge vacutainer needle or butterfly.

Grasp the respondent's arm firmly at the elbow to control the natural tendency for the respondent to pull the arm away when the skin is punctured. Place your thumb an inch or two below the vein and pull gently to make the skin a little taut. This will anchor the vein and make it more visible. Ensure the needle is bevelled upwards, enter the vein in a smooth continuous motion.

The vacutainers should be filled to capacity and inverted gently on removal to ensure complete mixing of blood and preservative.

- 6 Release the tourniquet (if not already loosened) as the blood starts to be drawn into the tube. Remove the needle and place a dental roll firmly placed over the venepuncture site. Ask the respondent to hold the pad firmly for three minutes to prevent haematoma formation.

- 7 If venepuncture is unsuccessful on the first attempt, make a second attempt on the other arm. If a second attempt is unsuccessful, do not attempt to try again unless the respondent is insistent that another attempt be made. Under no circumstances, should you make a fourth attempt. Record the number of attempts on the Nurse Schedule.
- 8 Remove the needle from the vacutainer holder by inserting it into the slot at the top of the needle disposal box. Push it towards the narrow end of the slot until the hub fins are engaged. Twist the holder anti-clockwise to unthread the needle. Then slide the holder towards the centre of the slot, allowing the needle to drop into the container.

**IMPORTANT WARNING**

**Never re-sheath the needle after use.**

**Do not allow the disposal box to become overfull as this can present a potential hazard.**

- 9 Check on the venepuncture site and affix an adhesive dressing, if the respondent is not allergic to them. If they are allergic, use a dental roll secured with micropore.

### **19.7 Fainting respondents**

If a respondent looks or feels faint during the procedure, it should be discontinued. The respondent should be asked to place their head between their knees. They should subsequently be asked to lie down.

If they are happy for the test to be continued after a suitable length of time, it should be done so with the respondent supine and the circumstances should be recorded. They may wish to discontinue the procedure at this point, but willing to give the blood sample at a later time.

### **19.8 Disposal of needles**

The needle disposable box, should be taken to your local hospital for incineration. Telephone them beforehand, if you are not sure where to go. If you come across any problems with the disposal, contact the office.

### **19.9 Needle stick injuries**

Any nurse who sustains such an injury should seek immediate advice from their GP. The nurse should inform his/her nurse supervisor of the incident, and the nurse supervisor should inform Rachel Tucker at UCL.

### **19.10 Respondents who are HIV or Hepatitis B positive**

If a respondent **volunteers** that they are HIV or Hepatitis B positive, do **not** take a blood sample. Record this as the reason on the Schedule. **You should never, of course, seek this information.**

## **20. SENDING BLOOD SAMPLES TO THE LABORATORY**

The blood sample is to be sent to the Laboratory. It is important that the blood is sent properly labelled and safely packaged and that it is despatched immediately after it has been taken.

### **20.1 Labelling the Blood Tubes**

Label the tube immediately after you take the blood. It is **vital** that you do not confuse respondents' blood tubes.

Use the set of serial number, check letter and date of birth labels to label the vacutainer tubes. Attach a serial number label to **every** tube that you send to the lab. Enter the serial number, check letter and date of birth very **clearly** on each label - the laboratory has had problems reading some nurses' writing on the English survey. Make sure you use **black biro** - it will not run if it gets damp. Check the date of birth with the respondent again verbally.

Stick the label over any label already on the tube. The laboratory needs to be able to see on receipt how much blood there is in the tube.

We cannot stress too much the importance of ensuring that you label each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the findings of the blood analyses to the wrong person's data, we will be sending the GP the wrong results. Imagine if we detect an abnormality and you have attached the wrong label to the tube!

## 20.2 Packaging the blood samples

Pack the tube for each respondent separately from those of other respondents.

The following procedures are designed to minimise accidental damage and, should there be any damage, any blood spillage.

- 1 Place the filled tubes in the sample carrier provided and seal it.
- 2 Enter the serial number and check letter on the top right corner of the sample carrier form i.e in the box labelled "Hospital Number". Put your nurse number in the "Consultant box" and the D.O.B in the "D.O.B box".
- 4 Place the sample carrier into the padded Jiffy bag, inserting it so that the opening of the plastic bag goes in first (ie away from the entrance to the envelope).
- 5 Tear of the back page of the consent book and Put the Blood Sample Despatch Note 2 in the jiffy bag.
- 6 Fold over the end of the envelope, and seal firmly with **sellotape**. Wrap the tape right round the envelope. Put the address label of the laboratory on the Jiffy bag  
**NEVER use staples to seal the envelope**

Staples can cut post office workers' hands. When blood is transported this can be dangerous.

- 7 Post the envelope the same day. If you do your interview too late to catch the last post, post it to catch the next post. If you miss the Saturday post collection, take the envelope to a box that has a Sunday collection. The blood should not be refrigerated.
- 8 When you have posted the blood samples, fill in the **time and date of posting** on the office copy of the Blood Sample Despatch Note 1.

### 20.3 Completing the Blood Despatch Note (DESPATCH 2)

The Consent Booklet contains a despatch note that should be filled in and sent to the laboratory with the blood sample. **Be sure you use the correct despatch note; use DESPATCH 2 for sending blood samples to the laboratory.**

- \* Enter the respondent's serial number very carefully. This should both correspond to your entry on page 1 of the Consent Booklet and to the serial numbers you have recorded on the tube.
- \* Ring a code to tell the laboratory whether or not permission has been obtained to store part of the blood. Your entry here should correspond to your entry at Item 9d on the front page of the booklet.
- \* Enter your Nurse Number.

Tear off this despatch note and send with the blood to the laboratory.

Complete the **Office Despatch Note (DESPATCH 1)** on the previous page of the Consent Booklet. This tells us the date you sent samples to the lab and indicates what we should expect back from the laboratory.

### Useful hints for analysis.

The dataset from the Northern Ireland Health and Social Wellbeing Survey 1997 contains 4236 full interviews.

### WEIGHTING

Analysis of the data requires weights to be applied due to the nature of the sampling. Two weights were required:

#### Northern Ireland Weights

Selecting equal samples from each of the four Health Boards means that overall the survey will not accurately reflect the Northern Ireland population. This is because the Northern Ireland population is not equally dispersed over the four boards and that probability of selection for the survey is therefore dependant on the population size of the particular Health Board. In other words individuals living in a Health Board with a large population have a lower chance of being included in the sample than individuals from smaller Health Boards.

Before analysis of the data at the Northern Ireland level, the data from each Board is weighted in relation to the population size. This weighting process adjusts the results to those which would have been achieved from a random sample of Northern Ireland addresses.

The table below illustrates the scaled weight value to be applied under the variable name 'indvni' in the dataset. **The data should be weighted by 'indvni' during analysis.**

Health Boards	Weight	Number	%	Scaled weight
Northern	1	1085	25	1.08
Southern	2	755	18	0.67
Eastern	3	1791	42	1.7
Western	4	638	15	0.6

#### Physical Appraisal Weights

Only one adult was selected to take part in the Physical Appraisal of each selected address. This means that the probability of selection for the survey is inversely related to the size of the household. Therefore individuals living in large households have a lower chance of being included in the sample than individuals in small households.

Before analysis of the physical measurements, the data are weighted in relation to the number of eligible adults at the address derived from details of the household structure recorded by interviewers. This weighting process adjusts the results to those which would have been achieved if the sample had been drawn as a random sample of the whole of Northern Ireland or of adults rather than addresses.

The following table illustrates the weight value to be applied in the variable 'physni' in the dataset.

Health Board area	Adults in Household	Weight	Number	%	Scaled weight
Northern	1	1	142	8.5	0.51
	2	2	230	13.7	1.02
	3	3	60	3.6	1.53
	4	4	25	1.5	2.04
	5	5	5	0.3	2.55
	6	6	1	0.1	3.06
Southern	1	7	82	4.9	0.32
	2	8	138	8.2	0.65
	3	9	45	2.7	0.97
	4	10	13	0.8	1.29
	5	11	14	0.8	1.61
	6	12	3	0.2	1.94
Eastern	1	13	199	11.9	0.93
	2	14	284	16.9	1.85
	3	15	97	5.8	2.78
	4	16	32	1.9	3.71
	5	17	20	1.2	4.63
	6	18	2	0.1	5.56
Western	1	19	78	4.6	0.26
	2	20	134	8	0.53
	3	21	37	2.2	0.79
	4	22	23	1.4	1.05
	5	23	10	0.6	1.32
	6	24	4	0.2	1.58

In summary then, any analysis on the dataset will require a weight to be applied in SPSS using the variable INDVNI unless the analysis involves a variable contained in the physical measures section when the dataset should be weighted by the variable PHYSNI.

### **Reports produced from findings of the survey**

Two reports have been produced by NISRA on the findings of the 1997 survey, firstly the 'Health and Lifestyle Report' and secondly the 'Informal carers report'. These are available from the Department of Health, Social Services and Public Safety for Northern Ireland.

A copy of the Health and Lifestyle Report can be obtained online at the following address:-

[http://www.dhsspsni.gov.uk/publications/archived/2001/revised\\_health%20\\_lifestyle\\_report.pdf](http://www.dhsspsni.gov.uk/publications/archived/2001/revised_health%20_lifestyle_report.pdf)

A copy of the Informal Carers Report can be obtained online at the following address:-

[http://www.dhsspsni.gov.uk/publications/archived/2001/informal\\_carers\\_report.pdf](http://www.dhsspsni.gov.uk/publications/archived/2001/informal_carers_report.pdf)

Or alternatively contact Pamela Robinson on 02890 522208.